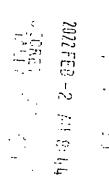
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Account#: I20000000088

Date: February 02, 2022	— Account#. 12000000000
Name: David Shulman	
Reference #: 1592290	
Entity Name:	BCRS - GP LLC
Articles of Incorporation/Author	orization to Transact Business
Amendment	
Change of Agent	ISSUES? CALL
Reinstatement	David:
Conversion	850-270-0082
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitious Name	
Other Please provide a	a certified copy of the filing evidence. Thank you!
Authorized Amount: \$5	55.00
Signature:David Shall	man



February 02, 2022

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

Date: Tebruary of		
Name: David Sh	ulman	
Reference #:	1592290	
Entity Name:	BCRS - G	P LLC
Articles of Incorpora	ation/Authorization to Trans	sact Business
Amendment		
☐ Change of Agent		iccliecs CALL
Reinstatement		ISSUES? CALL David:
Conversion		850-270-0082
Merger		
☐ Dissolution/Withdra	iwal	
Fictitious Name		
Other Pleas	e provide a certified copy of	the filing evidence. Thank you!
Authorized Amount:	\$55.00	
Signature:	David Shulman	

ARTICLES OF AMENDMENT TO TARTICLES OF ORGANIZATION OF

GO PRO DISPOSAL LLC		
(Name of the Limited Liability Come (A Florida Limited	onny as it now appears on our recor I Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L17000229449</u>	y were filed on 11/6/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
BCRS - GP LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. 53
(Principal office address MUST BE A STREET ADDRESS)		22 H
A Portugue of the Country of the Cou		
		: 2
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		pros.
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>entc</u>	r the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ezz
	·	Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = I	Manager Authorized Member		
<u> Fitle</u>	Name	<u>Address</u>	Type of Action
			□Add
			Remove
			□Change
			□Remove
			☐ Change
			DAdd
			□ Add
			☐Change
			⊕ ⊡Add
			□Remove
			□Change
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amending any other information, enter change(s) here: (Attac	ch additional sheets, if necessary.)	
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Effective date, if other than the date of filing:	(optional)	
fan effective date, it other than the date of fining. fan effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable sta	of filing or more than 90 days after filing.) Pursuant to 60 tutory filing requirements, this date will not be list)5.0207 (3)(t sted as the
document's effective date on the Department of State's records.		
e record specifiés a delayed éfféctive daté, but not an effective timé, at	12:01 s.m. on the éarlier of: (b) The 90th day aff	l er the
e record specifiés à delayed effective date, but not an effective tune, at t ed is filed.		
Dated, 2022		
Paul & Reddish Signature of a member or authorized re	exceptative of a member	
	- C	
PAUL E. REALS Typed or printed name	TJH	

Filing Fee: \$25.00