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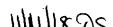


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CORPORATE

When you need ACCESS to the world

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

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WALK IN

	PI	CK UP: <u>11/12/18</u>	_
	CERTIFIED COPY		
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xx	FILING	AMENDMENT	
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SPECIAI NSTRU	L CTIONS:		

COVER LETTER

TO: Registration S Division of Co				
	operties, LLC			
SUBJECT:	Name of Lir	mited Liability Company		
The enclosed Articles of	f Amendment and fcc(s) are sul	bmitted for filing.		
	ondence concerning this matter			
	Donna Jones			
		Name of Person		
	Trinkle, Redman, Coton &	& Davis, PA	. [2	
	121 North Collins Street	Firm/Company		
		Address		
	Plant City, FL 33563		 	(J
		City/State and Zip Code		
		(to be used for future annual report notif	ication)	
For further information c	concerning this matter, please c	rali:		
Donna Jones		\$13 7526133 at()		
Name o	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	ŀ
	ING ADDRESS: ration Section	STREET/COURIE Registration Section		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bakkes Properties, LLC		
(Name of the Limited Liabili (A Florid:	ty Company as it now appears on our records a Limited Liability Company)	<u>.</u> l
The Articles of Organization for this Limited Liability C	Company were filed on 11/13/17	and assigned
Florida document number £17000232610		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
BP 1, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u>-</u>	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	rida
	City	rida

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:

or remov	vea trom our recorus:		
MGR =	Manager		
AMBR =	= Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			D Remove
		**************************************	□ Change
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	ive date, if other than the date of filing: (option: fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after till	al)	
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Typed or printed name of signee

Filing Fee: \$25.00