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(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BKMCD, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BEN KEEGAN MCDUFFIE

\_\_\_\_\_  
Name of Person

BKMCD, LLC

\_\_\_\_\_  
Firm/Company

1400 COMMERCE BLVD. STE G

\_\_\_\_\_  
Address

SARASOTA, FL 34243

\_\_\_\_\_  
City/State and Zip Code

keegan.mcduffie@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BEN KEEGAN MCDUFFIE

941 320-9549  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BKMCD, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/29/2017 and assigned  
Florida document number L17000264082.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

AEROPOINT PRECISION MANUFACTURING, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

1400 COMMERCE BLVD. STE G

**(Principal office address MUST BE A STREET ADDRESS)**

SARASOTA, FL 34243

**Enter new mailing address, if applicable:**

1400 COMMERCE BLVD. STE G

**(Mailing address MAY BE A POST OFFICE BOX)**

SARASOTA, FL 34243

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

1400 COMMERCE BLVD. STE G

*Enter Florida street address*

SARASOTA

*City*

Florida 34243

*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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MCDUFFIE, SOFIA A	1400 COMMERCE BLVD. STE G	<input type="checkbox"/> Add
		SARASOTA, FL 34243	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MCDUFFIE, BEN K	1400 COMMERCE BLVD. STE G	<input type="checkbox"/> Add
		SARASOTA, FL 34243	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MCDUFFIE, BEN K	1400 COMMERCE BLVD. STE G	<input type="checkbox"/> Add
		SARASOTA, FL 34243	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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IMMEDIATELY

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER 10TH 2021

 \_\_\_\_\_ Sign

Signature of a member or authorized representative of a member

**Ben Keegan McDuffie**

Typed or printed name of signee

**Filing Fee: \$25.00**