# 118000/166594

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2018 SEP -7 AM II: 21 SEGRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: BKGF 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:	
Robert Huddleston	
BKGF, LLC Firm/Company	
PO BCY 226993 Address	
Miani, FL 33222 City/State and Zip Code	
Verhale 401. (6.7  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (305) 606-2125  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$(additional copy is enclosed)\$\$  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

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

FILED

2018 SEP - 7 AM 11: 27

SECRETARY OF CHA

BKGF 110 TALLAHASSEE.FL
(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 7/10/18 and assigned Florida document number 1800166594
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Miami, FL 38155
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  PO Box 23-6993  Migmi, FL 33-33-3
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: Robert Chisholm, Esquare 73.79 Six 119 St. 1.8
New Registered Office Address:    13/8 SW 48 Street, Suite 8
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

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMB R	Robert Huddleston	7378 SW 48 Street, Suite B Mign	<u>o</u> <b>⊠</b> Add
			Remove
			Change
AMBR	Anthony Petrozzi	<u></u>	Add
		1494 Forest Hill Blue W. Falm Beach FL 33406	Remove
			Change
<del></del>			Add
		<del></del>	Remove
			_□ Change
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D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note: If t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	September 4 2018
	Signature of a member or authorized representative of a member
	Robert Huddleston Manager: Member Typed or printed name of signed

Page 3 of 3

Filing Fee: \$25.00