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INC.

236 East 6th Avenue. Tallahassee. Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY		
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хx	FILING	AMENDMENT	
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COVER LETTER

TO: Registration S Division of Co				
	operiies II, LLC			
SUBJECT:	Name of Lin	nited Liability Company	··· - ··	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
	Donna Jones			
	Trinkle, Redman, Coton &	Name of Person		n 3
	121 North Collins Street	Firm/Company		
	Plant City, FL 33563	Address		
		City/State and Zip Code		ጥ • ገ
For further information of	E-mail address. (to be used for future annual repor	(notification)	
Donna Jones	one criming who makes a presence of	813 752613.		
Name o	f Person	Area Code Da	sytime Telephone Number	-
Enclosed is a check for the	ne 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 F Certificate of Certified Copy radditional copy of	Status & y
	ING ADDRESS:	STREET/CO Registration S	URIER ADDRESS:	

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 II, LEC	
(Name of the Limited I.	jability Company as it now appears on our records.! Torida Limited Liability Company)
	lity Company were filed on 09:05/18 and assigned
This amendment is submitted to amend the followir	
A. If amending name, enter the new name of the	e limited liability company here:
BP 2, 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	
(Principal office address MUST BE A STREET A.	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	_ 1.1
B. If amending the registered agent and/or registered agent and/or the new registered office	ും ന registered office address on our records, <u>enter the name of the ne</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter Florida street address
	, Florida
	City Zio Co.le

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 familier 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

Title	<u>Name</u>	Address	Type of Action
			□ Add
			□ Change
			□ Add
			_ 🗆 Remove
			□ Change
			□ Add
			_ C Remove
			El Change
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ffect	tive date, if other than the date of filing: (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pu	180 U 1 to 605 0203
<u>iote:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will	not be listed as
ocum	nent's effective date on the Department of State's records.	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the earlier of
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	41-1-1	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00