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SECRETARY OF STATE
TALL AHASSEF FLORIDA

A 3119

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: B Freprises 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:
Brandon Johnson
BCET Enterprises LLC Firm/Company
9938 Victory Callof Loop
Ruskin /4/33573
City/State and Zip Code City/State and Zip Code Choo Com P-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bravidon Johnson at (813) 424-9289 Name of Person at (813) 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

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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number 21 8000276047 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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

Title Name Address **Type of Action** 9938 Victory Galloflal XAdd ☐ Change AMBR Stephen Corne 10016 New minster Loop - Add Risk in, FL 33573 _□ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change

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an effective date is listed, the date must be specific and cannot be prior to date of filing or more the Note: If the date inserted in this block does not meet the applicable statutory filing required locument's effective date on the Department of State's records.	an 90 days aft uirements, tl	ter filing.) Purs his date will i	suant to o	505.0207 (3 isted as th
e record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01	a.m. on t	he ea	rlier of:
Pated $12-8-18$				
Signature of a thember or authorized representative of a n	nember			

Page 3 of 3

Filing Fee: \$25.00