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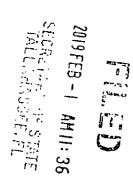
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COVER LETTER

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	gistration Sec vision of Corp			
CUD ICCT.	BKO Consu	lting, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspoi	ndence concerning this matter	to the following:	
		Brian K. Oblow		
			Name of Person	
		BKO Consulting, PLLC		
			Firm/Company	
		1964 Fruitridge St.		
			Address	
		Brandon, FL 33510		
			City/State and Zip Code	
		bskfinancial@aol.com		
		E-mail address: (to be used for future annual report notific	cation)
For further i	information co	ncerning this matter, please c	all:	
Bernard R.	rnard R. Skerkowski 813 758-2279 at () Name of Person Area Code Daytime Telephone Number			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
□ \$25.00 l	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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 FEB - 1 AM 11: 36

BKO Consulting, LLC	ار بان این این این این این این این این این ا	JUNE 3 THE
(<u>Name of the Limited Liability Com</u> (A Florida Limited	oany as it now appears on our records.) I Liability Company)	- m 100 - 0 - 1 - 1 - 1
The Articles of Organization for this Limited Liability Compan	y were filed on January 8, 2019	and assigned
lorida document number L19000009856		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
BKO Consulting, PLLC		
he new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or th	e abbreviation "L.L.C."
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)		
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address he		ter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	City	Zip Code
ew Registered Agent's Signature, if changing Registered Agent	t: \	

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 Type of Action <u>Address</u> <u>Title</u> <u>Name</u> □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add _□ Remove ☐ Change _□ Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change

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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be public block does not meet the ap	orior to date of filing or m plicable statutory filin	(optional) ore than 90 days after filing.) Pur g requirements, this date will	suant to 605.0207 (3)th not be listed as the
the record specifies a delay b) The 90th day after the re		not an effective t	ime, at 12:01 a.m. on	the earlier of:
Dated	2019			
		·		
	Signature of a member or :			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00