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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: BDK Qi(1, LLC						
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
	Bru	Ro D. Kreis Name of Person				
	BOK	Pirm/Company	 .			
		St Augustiv	ne Blud			
	SHA	City State and Zip Code	1. 32080			
	E-mail address: (t	Kreis Comce o be used for future annual report noti	fication)			
For further information c	concerning this matter, please ca	ill:				
Brand	y Cumming	Sat (<u>904</u>) <u>429</u> - Area Code Daytim	e 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration S Division of C	Section Corporations	Street Address: Registration Sec Division of Cor	porations			
P.O. Box 6327		The Centre of T	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BDK Riv	1. LLC	
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on da Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number LI900003	_	15 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		- - -
B. If amending the registered agent and/or register agent and/or the new registered office address here		rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	street address	
	Cim	, FloridaZip Code
	City	Zip Coae

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 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>	Address	Type of Action
Mar	Robert Ziadie	150 Pelican Reef Dr	ŒAdd
		150 Pelican Reef Dr St Augustine, Fl 3200	& ○□Remove
			□Add
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			□Change
			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) <u> 3131</u> E. Effective date, if other than the date of filing: _ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated March

Filing Fee: \$25.00