L19000193273

(Requestor's Name)
(included to its interior
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
5

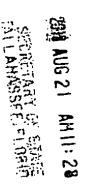
Office Use Only



300333511383

800388511888 08/21/19--01003--014 **55.00

19 AUG 21 \$3111:29



NIG 21 2019 C NICHAIR

COVER LETTER

Name of Limited Liability Company

TO: Registration Section Division of Corporations

SUBJECT:

BKNY TECHNOLOGY LLC

		•			
-	i. j. vi		4,:	1	

20 AUG 21 AM 11: 28

GEORE IARY WENTER TALE

The enclosed Articles of	Amendment ar	id fee(s) are	submitted to	or filling,
The chief the contract of the				

Please return all correspondence concerning this matter to the following:

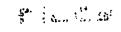
	Jemal Meredova			
		Name of Person		
	BKNY TECHNOLOGY I	J.C		
		Firm/Company		
	17030 COLLINS AVE ST	E 117		
		Address		_
	SUNNY ISL BCH, FL 33	160		
	meredova.j@bkny-tech.com	City/State and Zip Code n		
	E-mail address: (to be used for future annual r	eport notification)	_
For further information c	concerning this matter, please ca	ill:		
Jemal Meredova		415 316	6-2308	
		at ()	Daytime Telephone Nun	
Name (n' Person	Area Code	Traytime Telephone (Sun	soci
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	■ \$55,00 Filing Fee & Certified Copy (additional copy is encl	Certi osedi Certii) Filing Fee. ficate of Status & fied Copy ional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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



BKNY TECHNOLOGY LLC

2類 AUG 21 AM 11: 28

Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if changing Real Provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the real	City egistered Agent: I agent and agree to act in this capacity, r and complete performance of my dutie, tered agent as provided for in Chapter 6	Florida Zip Code Zip Code I further agree to comply with the and I am familiar with and O5, F.S. Or, if this document is
New Registered Office Address:	City	. Florida
		. Florida
Name of New Registered Agent:		
B. If amending the registered agent and/or registered agent and/or the new registered offi	or registered office address on our reco	
(Mailing address MAY BE A POST OFFICE B		
Enter new mailing address, if applicable:		
(Tracqua office address \$10.01 Division)		
(Principal office address MUST_BE A STREET		
Enter new principal offices address, if applical		are of the appreviation Target
The new name must be distinguishable and contain the wor		Transaction of the state of the
A. If amending name, enter the new name of t	•	
This amendment is submitted to amend the follow	wing:	
Florida document number	·	·
	·	and assigned

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being acor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	AYNA MEREDOVA	1435 Yarmouth Avenue #202; Boulder, CO	
			□ Remove
			Change
			Add
		-	Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change
			
			□ Remove
			Change
			
			□ Remove
			☐ Change

<u> </u>		·····	
· ·			
	 		
		<u> </u>	
			· · · · · · · · · · · · · · · · · · ·
,			
	· · · · · · · · · · · · · · · · · · ·		
	 -		
		· <u></u>	
		<u> </u>	·····
			
	A AP		
	 -		
Effective date, if other than the dat (If an effective date is listed, the date must be	e of filing:		(optional)
(If an effective date is listed, the date must be	specific and cannot be prior to da	te of filing or more than 90 day	ys after filing.) Pursuant to 605,0207 (3
Note: If the date inserted in this block document's effective date on the Depar	tioes not ineer the applicable, timent of State's records	statutory rining requiremen	is, this date will not be fisted as in
dictinent's effective date on the reput	THE IT THE PROPERTY OF THE PRO		
the record specifies a delayed ef	fective date, but not ar	effective time, at 12	:01 a.m. on the earlier of:
) The 90th day after the record	is filed.		
August 20	2019		
Dated	2017		
17med	7		
. A	- lund -		
	nature of a member or authorized	I representative of a member	
	7		
Jemal Meredova			
	Typed or printed na	me of signee	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00