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COVER LETTER

Division of Cor	porations		
BKNY TE	CHNOLOGY LLC		
SUBJECT:	Name of Lini	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jemai Meredova		
		Name of Person	
	BKNY TECHNOLOGY I	I.C	
		Firm/Company	
	502 W Alden Ave		
		Address	
	Valdosta, GA 31602		
	meredova.j@bkny-tech.com	City/State and Zip Code n	
	E-mail address: (to be used for luture annual report notific	cation)
For further information c	oncerning this matter, please ca	all:	
Jemal Meredova		415 316 2308	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	se 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BKN1 TECHNOLOGY LLC		
(Name of the Limited Liability Comp (A Florida Limited	ряпу я <u>s it now uppears on our records.</u>) I Liability Company))
The Articles of Organization for this Limited Liability Compan L19000193273 Torida document number	y were filed on July 29, 2019	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Ltal	bility Company," the designation "LLC"	or the 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 uddress MAY BE A POST OFFICE BOX)		IZ PR 4:
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	: address on our records, <u>enter tl</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	rida
	City	Zip Code

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	<u>Name</u>	Address	Type of Action
MGR	Ayna Meredova	1435 Yarmouth Avenue #202, Boulder, CO	□Add
			≡ Remove
			□Change
MGR	Maral Meredova	502 W Alden Ave., Valdosta, GA 31602	— Add
			□Remove
			□Change
			ZOIS DEC
		ALL AFTASSEE	Remove
		<u>-1</u>	DANG DANG
			□Remove
			□Change
			□Add
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ffective date, if other than the dan effective date is listed, the date must bote: If the date inserted in this blococument's effective date on the Dep	e specific and cannot be prior to k does not meet the applical	date of filing or more than	90 days after filing.)	Pursuant to 605,020' vill not be listed as
e record specifies a delayed of The 90th day after the recor		an effective time, a	at 12:01 a.m. o	n the earlier o
November 28 ated	2019	_ ·		
A ·	gnature of a member or author			_
	enature of a member or author	zed representative of a me	mber	

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Filing Fee: \$25.00