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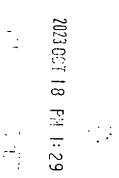
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COVER LETTER

	gistration Sec vision of Corp			•	
		ID SONS LLC			
SUBJECT:		Name of Limi	ted Liability Company		
The encloses	d Articles of A	amendment and fee(s) are sub-	nitted for filing.		
Please return	n all correspor	dence concerning this matter t	to the following:		
		KEITH B. ULRICK			
			Name of Person		
		ULRICK AND SONS LLC			
			Firm/Company		
		13927 Golden Rain Tree Bl	lvd		
		· · · · · · · · · · · · · · · · · · ·	Address		
		ORLANDO, FL 32828			
			City/State and Zip Code		
		keith.b.ulrick@gmail.com			
		E-mail address: (I	to be used for future annual r	eport notification)	
For further i	information co	oncerning this matter, please ca	ıll:		
Keith B. Ul	rick		407 8643 at ()	2838	
	Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed is	a check for th	e following amount:			
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl.		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 007 18 PH 1: 29 ULRICK AND SONS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 08/02/2019 and assigned Florida document number L19000197492 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BEKK SOLUTIONS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 13927 Golden Rain Tree Blvd Enter new principal offices address, if applicable: Orlando Fl 32828 (Principal office address MUST BE A STREET ADDRESS) 13927 Golden Rain Tree Blvd Enter new mailing address, if applicable: Orlando Fl 32828 (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 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
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			☐ Change
			□Add
			□Remove
			☐ Change
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