## L19000065573

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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration So Division of Cor			
BK AUDIT	ΓLLC		
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	KYLE BECKMANN		
	·	Name of Person	
	BK AUDIT LLC		
	-	Firm/Company	
	255 SW 14th Place		
		Address	·····
	BOCA RATON, FL 33432	!	
	•••	City/State and Zip Code	
	KYLE@BKAUDITGROUI	P.COM to be used for future annual repo	a notification)
For further information of	concerning this matter, please co	·	in normalization)
KYLE BECKMANN		516 850-89	90
Name o	of Person	Area Code E	aytime Telephone Number
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 enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Addre	
Registration Section Division of Corporations		Registratio Division o	n Section f Corporations
P.O. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BK AUDIT LLC				
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)		
The Articles of Organization for this Limited I	Liability Company were filed on 1	0/23/2019 and assigned		
lorida document number L19000265573				
his amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability company	here:		
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "L.L.C." or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:			
Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:	<u> </u>			
Mailing address MAY BE A POST OFFICE	E BOX)			
	<del></del>			
3. If amending the registered agent and/or	•	records, enter the name of the new register		
gent and/or the new registered office addre	ess here:			
Name of New Registered Agent:	KYLE BECKMANN			
New Registered Office Address:	255 SW 14TH PL			
	Enter Florida street address			
	BOCA RATON	, Florida <sup>33432</sup>		
	City	Zin 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

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
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		<del></del>	□Remove
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			□Change
			□ Add
			□ Кетюче
			∏Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.  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 distribution of the filed.	
Effective date, if other than the date of filing:	_
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Dated JUNE 15 2024	ler the
// /_	
19-17-	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00