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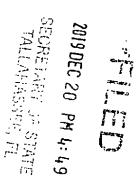
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## **COVER LETTER**

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Tallahassee, FL 32314

	Registration Se Division of Cor					
cup icc	BKR 437 L	LC				
SUBJECT:Name of Limited Liability Company						
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		Rokki Rogan				
			Name of Person	<del> </del>		
		BKR 437 LLC				
			Firm/Company			
		1614 Colonial Blvd. Suite	101			
			Address			
		Fort Myers, FL 33907				
			City/State and Zip Code			
		rrogan@lqwest.com	to be used for future annual report no	stification)		
For further	er information c	concerning this matter, please ea				
Stephanic	e Stinson		239 333-4377			
Name of Person		at () Area Code Dayti	me Telephone Number			
Enclosed	is a check for t	he following amount:				
	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 Addre Registration		Street Address: Registration S	ection		
]	Division of C	Corporations	Division of Corporations			
P.O. Box 6327		The Centre of	Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BKR 437, 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 11/07/2019 \_\_\_\_\_ and assigned Florida document number L19000278667 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 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 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>	<u>Name</u>	Address	Type of Action
AMBR	Bruce Micciche	1614 Colonial Blvd., Suite 101	<b>≅</b> Add
		Fort Myers, FL 33907	□ n
			□Change
			□Add
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			SS C R
			FATE ORemove
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(If an eff Note:	ive date, if other than the date of filing:  Sective date is listed, the date must be specific and cannot be pride of the date inserted in this block does not meet the appliant's effective date on the Department of State's record	or to date of filing or more than 90 day icable statutory filing requiremen	(optional) rs after filing.) Pursuant to 605.0207 ( ts, this date will not be listed as t
the re ) The	cord specifies a delayed effective date, but re 90th day after the record is filed.	not an effective time, at 12	:01 a.m. on the earlier of:
Dated	December 10th Dir	7	
	the fl		
	2	thorized representative of a member  120 T1	
	Ko K. 1Ch		

Page 3 of 3

Filing Fee: \$25.00