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## **COVER LETTER**

то:	Registration Se Division of Cor			
SUBJEC		COMPANIES, LLC		
SOBJEC	∪1; <u> </u>	Name of Limi	ted Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		JULIE TAIT		
			Name of Person	
		THE BJN COMPANIES		
			Firm/Company	
		2637 E ATLANTIC BLVI	D., STE 26012	
			Address	
		POMPANO BEACH, FL 3	3062	
			City/State and Zip Code	<del></del>
		INFO@THEBJNCOMPAN		
			to be used for future annual report no	trlication)
For furth	ner information c	oncerning this matter, please ca	all:	
BRAD I	NUTTING		321 501-9250 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	d is a check for th	ne following amount:		
<b>■</b> \$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	Street Address: Registration S	
	Division of C	orporations	Division of Co	orporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THe BJN Companies, LLC			
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)		
he Articles of Organization for this Limited Liability Company were file	d on 12/31/2019	and assig	ned
lorida document number L20000008301			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liability com	pany here:		
ne new name must be distinguishable and contain the words "Limited Liability Compar	ry," the designation "LLC" or the	abbreviation "L.L.	C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
<del></del>			
nter new mailing address, if applicable:			: .
Mailing address MAY BE A POST OFFICE BOX)	<u></u>	20/20	
	[-{-} 	<u> </u>	
<del></del>		<u></u>	•
If amending the registered agent and/or registered office address of	n our records, enter the na	ame of the new	registe
ent and/or the new registered office address here:	7.7		
Name of Name Day and A. A.	5	بب -	
Name of New Registered Agent:		3	
New Registered Office Address:			
	Inter Florida street address		
	, Florida		
	, 1 1011ua	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 amonding 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
MGR	Bradford J Nutting	2637 E Atlantic Blvd	□ Add
		STE 26012	=Remove
		Pompano Beach, FL 33062	
MGR	Julie A Tait	2637 E Atlantic Blvd	
		STE 26012	
		Pompano Beach, FL 33062	
			□Add
			□Remove
		<del></del>	□Change
		_	□Add
			□Remove
			□Change
		_	□Add
		<del></del>	□Remove
			Change
			□Add
			□Remove
			□Change

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