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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	et Drive, LLC				
SUBJECT:	Name of Lim	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:			
	Carmela Wicht				
		Name of Person			
		Firm/Company			
	1301 1st Street				
		Address			
	Key West, FL 33040				
		City/State and Zip Code			
	ccpkeys@aol.com				
	E-mail address: (to be used for future annual report not	ification)		
For further information of	oncerning this matter, please c	all:			
Carmela Wicht		305 797-8577			
Name o	f Person	Area Code Daytin	ne 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address:	ection		
Registration :		Registration Se Division of Co			
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

(Name of the Limited Liability Company as it r (A Florida Limited Liability Company)	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fill Florida document number L20000038026	iled on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability cor	mpany here:
BPK Violet Drive, LLC	
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	2 20
	T d n
Enter new mailing address, if applicable:	₩ -
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	\$
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	s on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
City	y Zip Code

New Registered Agent's Signature, if changing Registered Agent:

29054 Violet Drive, LLC

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	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			□Add
			Remove
			□Add
			☐ ☐ Remove
			Change
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			□Remove
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			Remove

					
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ffective date, if other than the an effective date is listed, the date mus	st be specific and cannot be p	rior to date of filing or	more than 90 days after	filing.) Pursi	uant to 605.020°
ote: If the date inserted in this blocument's effective date on the D			ing requirements, thi	s date will r	ot be listed as
record specifies a delayed effectiv lis filed.	e date, but not an effectiv	e time, at 12:01 a.n	i, on the earlier of: (t) The 90th	ı day after the
February 10	2020				
	; <u> </u>	 '			

Filing Fee: \$25.00

Typed or printed name of signee