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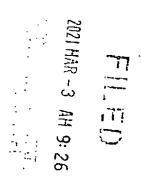
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations BAKRR, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Zachary Reeves Name of Person BAKRR, LLC Firm/Company 200 SE 15th RD, APT 9H Address MIAMI, FL. 33129 City/State and Zip Code zacharyreeves@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Zachary Reeves Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee **■** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of 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

| BAKRR, LLC | | |
|--|--|----------------------|
| (Name of the Limited Liability Company (A Florida Limited Lia | as it now appears on our records.) ability Company) | |
| The Articles of Organization for this Limited Liability Company w | vere filed on July, 6th 2020 | and assigned |
| Plorida document number 1.20000191310 | | |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability | tv company here: | |
| he new name must be distinguishable and contain the words "Limited Liability | Company," the designation "LLC" or the a | obreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 20 |
| Principal office address MUST BE A STREET ADDRESS) | · | 211 |
| | | A C |
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| Enter new mailing address, if applicable: | | 主 |
| Mailing address MAY BE A POST OFFICE BOX) | v. | ر يو |
| _ | | : 26 |
| If amending the registered agent and/or registered office adegent and/or the new registered office address here: | dress on our records, <u>enter the nan</u> | ne of the new regist |
| Name of New Registered Agent: | | · |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | |
| | 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 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 |
|--------------|-------------------|--------------------------|----------------|
| MGR | Luis Da Silva Jr. | 17 Wagon Wheel LN | \equiv Add |
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| Efforti | ve date, if other than (| he date of filings | | _ (optional) | |
| (If an effe | ctive date is listed, the date: | must be specific and cannot be pr | ior to date of filing or more than 90 | days after filing.) Pursuant to 60 | 05.0207 (3 |
| | | s block does not meet the app r Department of State's record | licable statutory filing required ds. | ments, this date will not be li | sted as th |
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| he record ord is file | | tive date, but not an effective | e time, at 12:01 a.m. on the ear | lier of: (b) The 90th day aft | ter the |
| Dated J | January 3 | 2021 | | | |
| Daite_ | | , his | <u> </u> | | |
| | // | and | <u></u> | | |
| | | Signature of a member or au | thorized representative of a mem | рег | |

Filing Fee: \$25.00

Typed or printed name of signee