## 120000336297

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## **COVER LETTER**

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	ВКМІАМІ				
SUBJECT:  Name of Limited Liability Company					
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ondence concerning this matter	to the following:		
		Pattaraporn Karnjanasiriwa	an		
	Name of Person				
		BKMIAMI, LLC			
	Firm/Company				
	460 NE 28th st =3806				
		<del></del>	Address		
		Miami, FL 33137			
			City/State and Zip Code		
		brookkarn@gmail.com	1.0'-8'	<del> </del>	
For further i	nformation c	e-man address: concerning this matter, please c	to be used for future annual report noti all:	ncation)	
Pattaraporn Karnjanasiriwan			786 747-1144		
Name of Person		at () Area Code Daytim	e Telephone Number		
Enclosed is	a check for the	he following amount:			
<b>≘</b> \$25.00		☐ \$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)	
	ailing Addres		Street Address:		
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BKMJAMI, 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 10/08/2020 \_\_\_\_\_ and assigned Florida document number L20000236297 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Pattaraporn Karnjanasiriwan,LLC 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.

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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		
			□Remove		
			☐Change		
			□Add		
			□Remove		
			□Change		
			□Add		
			□Change		
			□Add		
			□Remove		
			□Change		
			□Add		
			□Remove		

\_\_\_\_\_\_ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If 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 the record is filed.

Dated April 7th 2021

Signature of a member or authorized representative of a member

Pattaraporn Karnjanasiriwan

Typed or printed name of signee