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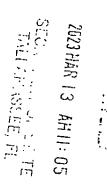
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COVER LETTER

TO: Registration Se Division of Con			
	INK CLOTHING LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brian Dunlevy		
		Name of Person	
	HIDDEN LINK CLOTHI	NG LLC	
		Firm/Company	
	71 NE 48th Street		S. C. S.
		Address	三二 影
	Oakland Park, FL 33334		Fication)
		City/State and Zip Code	当
	briand1084@aol.com		
		to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	eall:	
Brian Dunlevy		786 493-4364	
Name (of Person		e 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 Addre		Street Address:	otion
Registration Division of C		Registration Sec Division of Cor	
P.O. Box 632	=	The Centre of T	•
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIDDEN LINK CLOTHING LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our rited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Comp	oany were filed on 10/22/2020		and assigned
lorida document number 1.20000326346			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
BD SOLUTIONS LLC			
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation	"LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u> </u>		
			₽-
		न्त्र (जि. च्हें ()	023
Enter new mailing address, if applicable:			TK
Mailing address MAY BE A POST OFFICE BOX)		子	-
		<u>ن</u> ن در	<u> </u>
		[n]	= ;
3. If amending the registered agent and/or registered off	ice address on our records, <u>e</u>	enter the name of	thenew regist
gent and/or the new registered office address here:		171	מ
Name of New Registered Agent:	·······		
New Registered Office Address:			
To the first teacher.	Enter Florida street e	address	
		, Florida	
	City		Lip 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>	Name	Address	Type of Action
			
			□Remove
			□Add
			□ Remove
			S S Change H Add O S P Change
			□ Change
			Remove
			□Change
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			□Remove
			□Change

	
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fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior te: If the date inserted in this block does not meet the applica-	to date of filing or more than 90 days after filing.) Pursuant to 60:
cument's effective date on the Department of State's records.	
opposed omnosifies and object of a first control of the control of	
ecord specifies a delayed effective date, but not an effective till is filed.	me, at 12:01 a.m. on the earner of; (b) The 90th day after
Muruh 9th	
March 8th 2023	
P. D.L	orized representative of a member