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COVER LETTER

TO:

Registration Section **Division of Corporations**

P.O. Box 6327

Tallahassee, FL 32314

B C PRODUCTS INDUSTRIES 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: DONNA SMIT Name of Person BREVARD ACCOUNTING GROUP, CPAs, PA Firm/Company 150 FORTENBERRY ROAD VILLA A Address MERRITT ISLAND, FLORIDA 32952 City/State and Zip Code DMS@BAGCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DONNA SMIT Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$60.00 Filing Fee, ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF** FILED

B C PRODUCTS INDUSTRIES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) SECRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on 12/08/2020. AHASSEE, FL Florida document number L20000383345 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	<u>Address</u>	Type of Action
AMBR	JOHN C. EYER	740 CIDCO ROAD	\ Add
		COCOA, FLORIDA 32926	□ Remove
			☐ Change
AMBR	LINDA A. POLZER	740 CIDCO ROAD	■Add
		COCOA, FLORIDA 32926	□Remove
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Note: If the date inserted in this bloc document's effective date on the Department.	k does not meet the applic	cable statutory filing requ	air 70 days after fining, 7 to aircements, this date wil	I not be listed as t
e record specifies a delayed effective ord is filed.	late, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 9	0th day after the
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