L21000082332

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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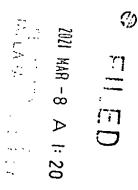
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COVER LETTER

TO: Registration So Division of Cor		ì +	
CONTRACTOR DEPTE	*11.0	•	
SUBJECT: BFR Fund	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Adrian Lynn		_
		Name of Person	
	Lynn Law Group	P' (2)	_
		Firm/Company	
	P.O. Box 309	Address	_
		Address	Ç.
	Estero, FL 33929	City/State and Zip Code	
	FLDOS@LYNNLAWGRO		191 MAR
	h-mail address: (to be used for future annual report notification)	8-8
For further information of	concerning this matter, please co	all:	> > T
Adrian Lynn		at (239) 332-3720	A 1: 20
	f Person	Area Code Daytime Telephone Number	20
Enclosed is a check for the	_		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &
Mailing Address Registration 5		Street Address: Registration Section	
Division of C	Corporations	Division of Corporations	
P.O. Box 632	27	The Centre of Tallahassee	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BFR FUND 1, 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 February 18, 2021 _____ and assigned Florida document number 121000082332 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 "LLC." 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: ထ် Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Medam, LLC	100 E. Whitestone Blvd.	■Add
		Suite 148, PMB #296	□Remove
		Cedar Park, TX 78613	☐ Change
AMBR	Medam Holdings, LLC	100 E. Whitestone Blvd.	□Add
		Suite 148, PMB #296	□Remove
		Cedar Park, TX 78613	
			bb/dd
			HAR
			□Remove ∞
			LChange
			20∆dd
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			□Remove
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			□Remove
			Changa

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2021 MAR - 8	retive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020	<u></u>						<u></u>
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e date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the	cord 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 stiled. End March 2	ed staten 2			////ـــ			

Filing Fee: \$25.00