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COVER LETTER

TO: Registration Section Division of Corpora	tions		
SUBJECT: BPD F	artners, LL	ted Liability Company	
		van omenny Company	
The enclosed Articles of Amer	dment and fee(s) are subn	nitted for filing.	
Płease return ali correspondenc	e concerning this matter to	o the following:	
	Tony Brown	Name of Person	
_	BPD Partners	Firm/Company	
7	018 E. Park	Avenue	
1	allahassee, F	L 3230 City/State and Zip Code	
4	dudley a Hor E-mail-address: (to	DWNCONSULTINGAY be used for future annual report, pour	P.COM
For further information concerr			
Dana Dudley Name of Person	1	at (850) 210-21 Area Code Daytime 7	+00 Celephone Number
Enclosed is a check for the folio	_		
☐ \$25.00 Filing Fee	330.00 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BPD Partners, LLC (Name of the Limited Liability Company as (A Florida Limited Liability)	it now appears on our records.) ity Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L2\000346959</u> .	e filed on August 2, 2021 and assigned
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 Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	021 TA
	D Comp
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	171 ₍₇₎ (0)
	102 11E
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ess on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Tity Zip 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 Changing Registered Agent, Signature of New Registered Agent

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
AMBR	Pittman Law Group, PL	1029 E. Park Avenue	□ Add
		Tallahassee Fr 32301	©Remove
			□Change
AMBR		1028 E. Park Avenue	
		Tallahassee, FL 32301 TECHARISSEE, FL 32301	Remove
			Change
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te: If the date inserted cument's effective date	in this block does no	ot meet the applica	ble statutory filing	requirements, th	iis date wii	ll not be	listed
ament's effective date	on the Department of	n state's records.					
ecord specifies a delayed s filed.	I effective date, but i	not an effective tin	nc, at 12:01 a.m. or	n the earlier of: (b) The 9	0th day	after th
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