## K22000135428

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## **COVER LETTER**

TO: Registration So Division of Cor			·
SUBJECT:	BK Develop	ment LLC ited Liability Company	
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dianne	Kasper Name of Person	
	DBK I	Sevelopment LL(	22 A
	154 L	ake Daisy Ter	22 AUG 26 PH 12: 05
	Winter	Haven, FL 338 City/State and Zip Code	84 55
	Nesha E-mail address: (	@ acefg.com to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please co	all:	
Tianesha	De Jesus f Person	at ( 352 ) 304-9 Area Code Daytime	5 4 7 Telephone Number
Enclosed is a check for the	ne following amount:		
LXS25.00 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 Addres Registration S		Street Address: Registration Sec	tion
Division of C	Corporations	Division of Corp	porations
P.O. Box 632 Tallahassee, l		The Centre of Ta 2415 N. Monroe	allahassee : Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DBK De	velopmer Liability Compa	ny as it now appears	on our records.)		
The Articles of Organization for this Limited Liabi	ility Company	, ,	03/01/2022	and assig	gned
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	ı <u>e limited liab</u>	ility company her	<u>re</u> :		
The new name must be distinguishable and contain the word  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET)	le:	ity Company," the de	signation "LLC" or the	abbreviation RL	C.V.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			P#12: 05	TOTAL
B. If amending the registered agent and/or regi agent and/or the new registered office address h		address on our re	cords, <u>enter the па</u>	me of the new	<u>registered</u>
Name of New Registered Agent:  New Registered Office Address:	156	Lake De	aisy Ter		
<u>-</u>	Winter	Haven	, Florida _	33884 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 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
	<del></del>		□Add
			□Remove
			Change
			□ Add
			□Remove
			22 dang 2 da Pi
			DRemove:
			Change
			□Add
			□Remove
			□Change
		<del></del>	□Add
			Remove
		<del></del>	Change
			□Add
			□Remove
			Change

Change the address for MGR Robert	L. Kasper, Jr
to:	
156 Lake Daisy Ter	
Winter Haven, FL 33884	
	N)
	22 AU
	P412: 06
ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than some of the date inserted in this block does not meet the applicable statutory filing require occurrent's effective date on the Department of State's records.	(optional) O days after filing.) Pursuant to 60: ements, this date will not be list
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea Lis filed.	rlier of: (b) The 90th day afte
ated August 23rd . 2022.	
Signature of a member or authorized representative of a mem	ber

Filing Fee: \$25.00