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SEP 2 7 2022 S. PRATHEF

COVER LETTER

TO: Registration Section Division of Corporat	ions		
SUBJECT: BK	Ruilders	LLC	
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of Amen	dment and fee(s) are subn	mitted for filing.	
Please return all correspondence	e concerning this matter t	to the following:	
	Pierre Vi	lk.	
	_	ders LLC	
-		Firm/Company	_ _
	957 00	4 sworth Dr	
		Address	
_	Neuport N	lev 1 236	ol
_	Prille 20	City/State and Zip Code A Onen . Com obe used for future annual report no	tification)
For further information concern			incations
<u></u>	•		~ ~ ~ ~ ~
Plerre VIII	C	at (646) 38 Area Code Daytin	7 - 090) ne Telephone Number
Enclosed is a check for the foll	owing amount:		
17. \$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 Address: Registration Section	on	Street Address: Registration S	ection
Division of Como		Division of Co	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Ble Build	Pers LLC	Sign of the second
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	H 1: 5:
The Articles of Organization for this Limited Liability Florida document number (22200) 2020	Company were filed on $\frac{4/37/3}{3}$.	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line. The BK B The new name must be distinguishable and contain the words in the contain the words.	wilders LLC	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
· 	, Florida	Zip Code
	Car	rap Cour

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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGD	Sharran Derdome	7901 4L & N st.	<u>B</u> Ø□∧dd
		51 Petersturg FL 33702	Remove
			Change
			🗆 Add
			□Remove
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			□Add
			□Remove
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If amending any other inf	ormation, enter chai	nge(s) here: (Attach addit	ional sheets, if necessary,)
				
				·
				
				
				
				
			_ 	
Effective date, if other that If an effective date is listed, the date inserted in document's effective date on	ate must be specific and cat this block does not mee the Department of Stat	nnot be prior to date of filing or a et the applicable statutory fili e's records.	ng requirements, this date v	vill not be listed as the
e record specifies a delayed e rd is filed.	Tective date, but not an	effective time, at 12:01 a.m	on the earlier of: (b) The	90th day after the
Dated 6/24/		<i></i> .		JUL -5 4ŘÁSŠÉR
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	_/	mber or authorized representativ	e of a member	T: 55 TATE ORIDA
	<u>treme</u>	yped or printed name of signee		