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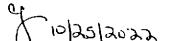
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1.	BFO LLC (CORPORATE NAME AND DOCU	INSTRUCT 41			
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5.	(CORPORATE NAME AND DOCU	JMENT #)			
6.	(CORPORATE NAME AND DOCU	JMENT #)			
SPECI. INSTR	AL UCTIONS:				
					

COVER LETTER

	Registration S Division of Co			
SUBJEC	BFO LLC			
SUBJEC	· i	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing	
		ondence concerning this matter	<u>-</u>	
		Matt C. Myers, Esquire		
			Name of Person	
		Langford & Myers, P.A.		
			Firm/Company	
		1715 W. Cleveland Street		
			Address	···········
		Tampa, Florida 33606		
			City/State and Zip Code	
		matt@langfordmyers.com	to be used for future annual report notif	Scation)
For furthe	er information o	concerning this matter, please of	·	ication
Matt C. N			813 251-5533	
		of Person	at ()	: Telephone Number
Enclosed	is a check for t	ne following amount:		
= \$25.0	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)
I I	Mailing Addres Registration S Division of C P.O. Box 632 Fallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 0 77 24 77 8:55

BFO LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L22000303807	Company were filed on July 7, 202	2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
BFO VENTURES LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	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	red office address on our records, :	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street	uddress
		Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered to being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duti agent as provided for in Chapter red office address, I hereby confi	es, and I am familiar with and 605, F.S. Or. if this document is

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 Title Name <u>Address</u> Type of Action ______ 🗀 Add _____ □Add _____ Change □Remove ______ Change _____ □Remove

_____ □Change

Effective date, if other than the date of filing if an effective date is listed, the date must be specific and in Note: If the date inserted in this block does not me document's effective date on the Department of St	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 eet the applicable statutory filing requirements, this date will not be listed
e record specifies a delayed effective date, but not and is filed.	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
Dated October 21	2022
1/1000	
3 ign uture or a m	nember or authorized representative of a member

Filing Fee: \$25.00