Florida Department of Stat

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ROBERT D. ROYSTON, JR., P.A.

Account Number : 120150000047 Phone : (239)205-2225 Fax Number : (239)205-2016

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: rroyston@rroystonlaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN B D INVESTMENT HOLDINGS LLC

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Fax: (850) 617-6383 (((H23000286046 3)))

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ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION **OF**

B D INVESTMENT HOLDINGS LLC	
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000267401</u>	were filed on JUNE 1, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	<u> </u>
(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 a	ddress on our records, enter the name of the new regis

ed agent and/or the new registered office address here:

Name of New Registered Agent:	WILLIAM C. ENNEN			20	
New Registered Office Address:	14311 METROPOLIS AVE,	SUITE 101	<u> </u>	13 AU	~~~~ ~
	Enter	Florida street address		<u>.</u>	77.7
	FORT MYERS	, Florida	33912	-1	后答
	City	,	;Z	ip za je	0 [

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

From: Rob Royston

Fax: 12392052225

Fax. (850) 617-6383

50) 617-6383 Page: 3 of 4

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To:

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	ENNEN, WILLIAM C	14311 METROPOLIS AVE STE 101	🗆 Add
		FORT MYERS, FL 339132	=Remove
			\(\sum \) Change
AMBR	LIEMANDT-REIMANN, DIANE	4151 GULF SHORE BLVD N UNIT 1404	□Add
		NAPLES, FL 34103	= Remove
			□Change
MGR	ENNEN, WILLIAM C	14311 METROPOLIS AVE STE 101	X Add
	FORT MYERS, FL 33912	FORT MYERS, FL 33912	□Remove
			☐ Change
			□Add
			□Remove
			🗆 Change
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	WILLIAM C								

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