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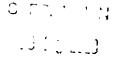
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COVER LETTER

Division of Cor			
SUBJECT: 30	Slata IIC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brian	Slota Name of Person	
	BC S	Slota LLC Firm/Company	
	19368 Pin	Address	<u></u>
	Et. Myers	City/State and Zip Code Slota Chotmoil. com to be used for future annual report noti	
	<u> </u>	Slota Chotmoil. com	fication)
For further information c	oncerning this matter, please c		
Brian Slo	ta	at (<u>739</u>) <u>405</u> Area Code Daytim	4101
Name o	r retson	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	S30.00 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 9	Section	Street Address: Registration Se	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•
Tallahassee, l			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BC Slota LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company visiting document number <u>L 23000 2974 (44</u> .) This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company visiting		nd assigned
29	n n n n n n n n n n n n n n n n n n n	. M. I. 7
The new name must be distinguishable and contain the words "Limited Liabilia		من المالية (من المالية) . المالية المالية (من المالية)
Enter new principal offices address, if applicable:	19368 Pine Glen Drive	
(Principal office address MUST BE A STREET ADDRESS)	Ft. Myers, F1 33967	''
		Ġ.
Enter new mailing address, if applicable:	19368 Pine Glen Prive	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	Ft. Myers, Fl 33967	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of th	e new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida Zip	Code
Name Designationed Agent's Companies of Shanning Designationed Agents	C.ny Z.p	c.oue
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familia rovided for in Chapter 605, F.S. Or, if this	ir with and 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	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
		_ 	Remove
			Change
			□Add
			□Remove
			☐ Change
			□Remove
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			□Remove
			□Change

n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuam to 605.020 stee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. Execute specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed.		<u></u>						
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Filing Fee: \$25.00