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COVER LETTER

TO:

	istration So ision of Co			
SUBJECT:	BJB Leasir			
SUBJECT:		Name of Lim	ited Liability Company	·
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Kathleen Diedrich		
			Name of Person	
		TAVAS, LLC		
			Firm/Company	·
		3850 N Wilke Road		
			Address	
		Arlington Heights, IL 6000)4	
			City/State and Zip Code	
		jbb.office@gmail.com	Name of Person L.C. Firm/Company Ike Road Address Heights. IL 60004 City/State and Zip Code gmail.com E-mail address: (to be used for future annual report notification) matter, please call: at (
		E-mail address: (to be used for future annual report no	otification)
For further in	formation c	oncerning this matter, please ca	all:	
Kathleen Die	edrich			
	Name o	f Person		me Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	ling Addres distration S		-	ection
		orporations		
	. Box 632		The Centre of	Tallahassee
Tall	lahassee, F	·L 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DID Leasing, LUC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our rec d Liability Company)	ords.)	
	1/10/2021		
The Articles of Organization for this Limited Liability Compar	y were filed on 1719/2024	and assigned	
Florida document number L2400038255			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
BKB Leasing, LLC			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "I	.LC" or the abbreviations L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
Enter new mailing address, if applicable:		ં ના	
(Mailing address MAY BE A POST OFFICE BOX)		‡-	
			
B. If amending the registered agent and/or registered office	e address on our records, <u>en</u> t	ter the name of the new register	
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Enter (Million Street Galaces)		
		Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>it:</u>		
l hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a	te performance of my duties,	, and I am familiar with and	
being filed to merely reflect a change in the registered offic company has been notified in writing of this change.			

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			🗖 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Add
			Remove
			□Remove
			□Change
			\ _Add
			□Remove
			Change
			□ Add
			□Remove
			□ Change

an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as		
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Filing Fee: \$25.00