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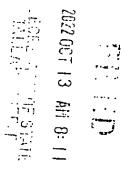
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A. BUTLE

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## **COVER LETTER**

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Registration Section Division of Corporations

TO:

SUBJECT:	Property Management Advisors					
SUBJECT.		Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		BRANDON SHAW				
		<del> </del>	Name of Person			
		PROPERTY MANAGEM	ENT ADVISORS			
		<del> </del>	Firm/Company			
		111 N ORANGE AVE SU	TTE 800			
			Address			
		ORLANDO, FL 32801				
		City/State and Zip Code				
		AMASTAYCS@GMAIL.C	COM			
		E-mail address: (	to be used for future annual report in	otification)		
For further in	nformation c	oncerning this matter, please ca	all:			
BRANDON	SHAW		813 7787808 at ( )			
	Name o	f Person		time Telephone Number		
Enclosed is a	a check for th	ne following amount:				
□ \$25.00 I	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)		
Re Div P.C	illing Addressistration Servision of Co. Box 632	Section Torporations 27	Street Address: Registration S Division of C The Centre o 2415 N. Mon Tallahassee,	Section Corporations f Tallahassee Froe Street, Suite 810		

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

PROPERTY MANAGEMENT ADVISORS

(Name of the Limited Liability Company as it now appears on our records.) CT | 3 - 414 8: | [
(A Florida Limited Liability Company) Florida document number <u>L09000102633</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BNB ADVISORS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 915 ASHWOOD DR Enter new mailing address, if applicable: MADISON, AL 35758 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/R Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_\_\_\_, Florida \_\_\_\_ City 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

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
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note</u> :	tive date, if other than the date of filing:
the reco	ord 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 filed.
Dated	Deptember 20th 2022.
	Signature of a member or authorized representative of a member
	Prandon Shaw  Typed or printed name of signee