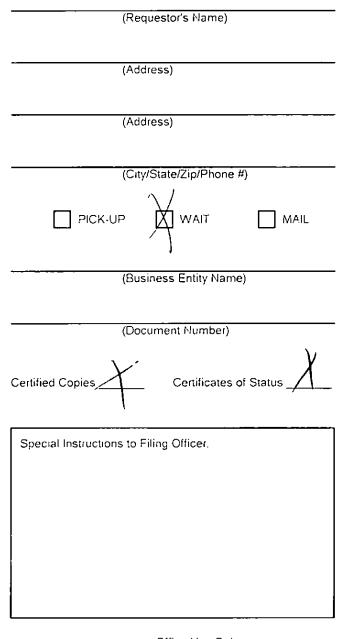
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## . COVER LETTER

Division of Cor	porations		
SUBJECT:	BAC Name of Lim	ited Liability Company	LC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cra	ag Baker	
	32		
		_Eirm-C.mpm>_	0
	320	5 W. Hun	ter Fervell
	Charley (E-mail address.	City/State and Zip Code  Dia Constitution of Sulf- To be used for future annual report notific	ng. Net
For further information c	concerning this matter, please ca		
Craig Baker	of Person	at ( <u>QQY</u> ) <u>534</u> Area Code Daytime	- 6665 Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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)
Mailing Address Registration		Street Address: Registration Such	tion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company	ting LLC as it now appears on our records.)	
(A Florida Limited Lia	bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on	and assigned
Florida document number <u>L10000017613</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
RAC Consultings 110	•	
BAC Consultings LLC The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" of	or the abbreviation L.L.C."
Enter new principal offices address, if applicable:	3205 W. buc	ter FerreTord.
(Principal office address MUST BE A STREET ADDRESS)	Irving Texas 7	
		في في
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad	dress on our records, <u>enter th</u>	e name of the new registered
agent and/or the new registered office address here:		
Nigoro (SNIgor) Desirator LA contr		
Name of New Registered Agent:	1.1.10 1 +	
New Registered Office Address: 3205	W. Nunter Feri	rell rd
Irving	Flor	ida
Zevii)	, Flor	ida Zip Code
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 furth	her agree to comply with the
provisions of all statutes relative to the proper and complete p		
accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a		

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
		<del></del>	☐ Change
			□Add
			□Remove
			☐ Change
			□Remove
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lan effectiv <mark>Sote:</mark> If t	date, if other than the core date is fisted, the date must be date inserted in this blocks effective date on the Dep	be specific and o ck does not me	cannot be prior ( eet the applica		nore than 90 day		
record sp	ecifies a delayed effective	date, but not ;	ın effective tir	ne, at 12:01 a.m.	on the earlier	of: (b) The 90t	h day after the
ated/	17		2020	<u>)</u> .			
		17	1/1	/			
		Signature of a m	omber or autho	rized representativ	e of a member		