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B. BOSTICK
JUL **1 9** 2013

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

Business Administrative Group LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vic Spagnuolo

Name of Person

Business Administrative Group LLC

Firm/Company

1615 S Congress Ave Suite 103

Address

Delray Beach, FL 33445

info a flor dalrs com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbi Hager

ger ______561_346-699

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Business Administrative G		
(Name of the Limited	Liability Company as it now appears on our record A Florida Limited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited L Florida document number L12000149079	iability Company were filed on 11/28/2012	and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
	th the words "Limited Liability Company," the designa	ution "LLC" or the abbreviation
"L.L.C."		≥ ∞ 2
Enter new principal offices address, if applied	cable:	ZB113 JUL
(Principal office address MUST BE A STREE	ET ADDRESS)	ARR JUL TO
		8 § § § §
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	8 £
		ъ.
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	fice address here: Vic Spagnuolo	enter the name of the new
New Registered Office Address:	1615 S CONGRESS AVE	
	STE 103	eet address
	DELRAY BEACH, FL 33445 US ri	ida
	City	Zip Code
N D 1 1 1 1 C 1 1 C 1 1 C 1 1 C 1 1 C 1 1 C 1	Destational Association	

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Address** <u>Title</u> <u>Name</u> Dana Jensen **MGRM** 1489 WPALMETTO PARK RD Add SUITE 409/405 BOCARATON, FL 33486 Martin M Werner 102 NE 2nd Street #166 **MGRM** Boca Raton FL 33432 Vic Spagnuolo 1615 S Congress Ave. Suite 103 **MGRM** Delray Beach, FL 33445 Add Remove Remove

). If amending ar	y other info	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
•	•	
_{lated} June	27	
		1/2 Spagnijolo
		Signature of a member or authorized representative of a member
Vic	Spagnuc	plo
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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