

L12000149079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

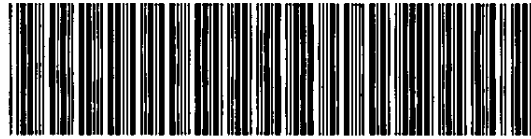
(Business Entity Name)

(Document Number)

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Office Use Only



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CLERK OF STATE  
TALLAHASSEE FLORIDA

MAY 23 2014  
D. BRUCE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 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

1489 W. Palmetto Park Rd. #405  
Address

Boca Raton, FL. 33486  
City/State and Zip Code

info@floridagals.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vic Spagnuolo at (954) 504-2769  
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

DEPARTMENT OF STATE  
 TALLAHASSEE, FL  
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Business Administrative Group LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/26/12 and assigned Florida document number L12000149079.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1489 W. Palmetto Park Rd.  
Suite 405  
Boca Raton, FL 33486

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

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TALLAHASSEE FLORIDA

**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:**

Name of New Registered Agent:

Yaritza Rivera

New Registered Office Address:

1489 W. Palmetto Park Rd. #405

Enter Florida street address

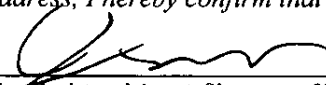
Boca Raton  
City

Florida

33486  
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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Vic Spagnuolo	1615 S. Congress Ave Ste. 103 Delray Beach, FL. 33445	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Yaritza Rivera	1489 W. Palmetto Park Rd. Ste. 405 Boca Raton, FL. 33486	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Fran Beth Sandic	1489 W. Palmetto Park Rd. Ste. 405 Boca Raton, FL. 33486	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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 IN AND FOR THE STATE  
 OF FLORIDA  
 TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 15, 2014.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Vic Spagnuolo  
\_\_\_\_\_  
Typed or printed name of signee

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TALLAHASSEE FLORIDA