

L13 000078751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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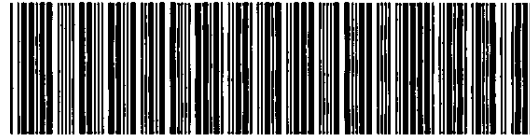
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Snivers MAY 23 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Business Administration Growth 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:

Victor Spagnuolo
Name of Person
Business Admin. Growth LLC
Firm/Company
1489 W. Palmetto Park Rd. 405
Address
Boca Raton, FL 33486
City/State and Zip Code
info@floridars.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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Business Administration Growth 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 5/30/13 and assigned Florida document number L13000078751.

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 #405
Boca Raton, FL. 33486

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

↑
(Same)

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:

FranBeth Sandic

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.

FranBeth Sandic
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 | Victor Spagnuolo | 902 Clint Moore Rd. 128 | <input type="checkbox"/> Add |
| | | Boca Raton, FL. 33487 | <input checked="" type="checkbox"/> Remove |

| | | | |
|-----|------------------|---------------------------|---|
| MGR | Fran Beth Sandic | 1489 W. Palmetto Park Rd. | <input checked="" type="checkbox"/> Add |
| | | Suite 405 | <input type="checkbox"/> Remove |

Boca Raton, FL. 33486

| | | | |
|-----|----------------|---------------------------|---|
| MGR | Yaritza Rivera | 1489 W. Palmetto Park Rd. | <input checked="" type="checkbox"/> Add |
| | | Suite 405 | <input type="checkbox"/> Remove |

Boca Raton, FL. 33486

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

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 _____, _____.



Signature of a member or authorized representative of a member

Victor Spagnuolo

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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