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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 14 2015  
J SHIVERS

## 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:

*ADAM FORMAN*

Name of Person

*BUSINESS ADMINISTRATION GROWTH LLC*

Firm/Company

*FIN 463150790*

*1489 PALMCREST PARK RD. #425*

Address

*BOCA RATON, FL 33486*

City/State and Zip Code

*JOE.FLORIDA.LEGAL@AOL.COM*

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

For further information concerning this matter, please call:

*JOE WILSON*

Name of Person

at ( *561* )

Area Code

*5 480-2202*

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**

\_\_\_\_\_  
(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 5/30/2013 and assigned  
Florida document number 213000078751

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 contain 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)**

**Enter new mailing address, if applicable:**

**(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:**

Name of New Registered Agent:

New Registered Office Address:

Adam Forman  
1489 Palmetto Park Rd. #425  
Enter Florida street address  
Boca Raton, Florida 33486  
City 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 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>	<u>Address</u>	<u>Type of Action</u>
<u>M</u>	<u>Kenneth Dunn</u>	<u>1489 W Palmetto</u>	<input type="checkbox"/> Add
		<u>Park Road # 425</u>	
		<u>Boca Raton FL</u>	<input checked="" type="checkbox"/> Remove
		<u>33486</u>	
			<input type="checkbox"/> Change
<u>M</u>	<u>Adam Fornas</u>	<u>1489 W Palmetto</u>	<input checked="" type="checkbox"/> Add
		<u>Park Rd.</u>	
		<u>Boca Raton FL</u>	<input type="checkbox"/> Remove
		<u>33486</u>	
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the top left, there is some faint, illegible handwriting. In the bottom right corner, there is a small number "4". The rest of the page is blank except for the lines.

E. Effective date, if other than the date of filing: 7-09-15 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated \_\_\_\_\_,

Signature of a member or authorized representative of a member

Typed or printed name of signee

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**Filing Fee: \$25.00**