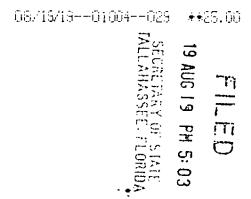
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Se Division of Cor				
cum i		isors, LLC			
SUBJ	IECT:	Name of Lim	ited Liability Company		
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	e return all correspo	ndence concerning this matter	to the following:		
		Andrew Favata			
			Name of Person		
		BACI Advisors, LLC			
Firm/Company					
		10380 SW Village Center	Drive, Unit #145		
Address					
		Port St Lucie, FL 34987			
			City/State and Zip Code		
		andy@baciadvisors.com			
		E-mail address: (to be used for future annual report notif	ication)	
For fu	urther information c	oncerning this matter, please ca	all:		
Andr	ew Favata		772 370-9304 at ()		
	Name o	Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. condence concerning this matter to the following: Andrew Favata Name of Person BACI Advisors, LLC Firm/Company 10380 SW Village Center Drive, Unit #145 Address Port St Lucie, FL 34987 City/State and Zip Code andy@baciadvisors.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: 1772 179 170-9304 170 Daytime Telephone Number the following amount: \$\Begin{array}			
Enclo	sed is a check for th	ne following amount:			
■ \$3	25.00 Filing Fee				

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

BACI Advisors, LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records ted Liability Company)	<u>.</u>)
he Articles of Organization for this Limited Liability Compa	any were filed on 2/22/16	and assigned
Florida document number L16000036056		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability 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	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		19 AUG 19
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b	l office address on our records here:	enter the name of the
Name of New Registered Agent:		*
New Registered Office Address:	Enter Florida street address	
	, Flo	orida 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>	Address	Type of Action
CFO	Deborah Carole Levan		5
		10380 SW Village Center Drive	Add
		Unit #145	■ Remove
			□ Change
			Add
			Remove
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			SECO. 19 Remove
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lfan ei	tive date, if other th Tective date is listed, the	late must be specific a	and cannot be prior	to date of filing or	more than 90 day	optional) safter tiling.) Pu	irsuant t	o 605.0207
	If the date inserted in nent's effective date o				ing requirement	s, this date wil	l not be	e listed as
		·						
ne re The	cord specifies a d 90th day after th	elayed effective ne record is file	e date, but no d.	t an effective	time, at 12:	01 a.m. on	the e	arlier of
Dated								
			nduw/	Finds	9//3	119		
	•	Signature	a member or auth	orized representati	ve of a member			_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00