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	Registration Se Division of Cor				
SUBJEC	BA&M Pro	os, LLC	·		
SUBJEC		Name of Lim	ited Liability Company	-	
		Amendment and fee(s) are sub	_		
r ieuse re	tum en correspe	Niurvi Santos			
		BA&M	Name of Person		_
		292 SF. 37th Terrace	Firm/Company		DO SMAR PER PER PER PER PER PER PER PER PER PE
		Homestead, FL 33033	Address	-	APPROVED ANII: 29 2019 MAR 12 ANII: 29 1810 CHILLIAN SERVED ANII: 29
		nsantos@bampros.net E-mail address: (City/State and Zip Code to be used for future annual report notifi	ication)	. 29
For furth	er information c	concerning this matter, please ca			
Niurvi S	antos *		305 975-4558		
	Name o	if Person	Area Code Daytime	Telephone Number	r
Enclosed	is a check for the	he following amount:			
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
	MAIL	ING ADDRESS:	STREET/COURII	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BA&M Pros 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 May 15, 2017 and assigned Florida document number L17000107290 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Business Administration & Management, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviations LLC 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: Enter Florida street address

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>	Type of Action
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Page 3 of 3

Typed or printed name of signee

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