LI7 000127953

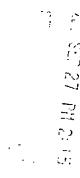
(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Ďc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	KC.	15121





100373374241

09/27/21--01010--025 **25.00



COVER LETTER

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: B4G Academy 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:
Inez Nazario-Vega
B4G Academy Firm/Company
3245 Noah St.
Deltons FL 32738
Deltong, FL 32738 City/State and Zip Code businessessentials va agmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Inez Nazario-Vega at (407, 236-6536
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
✓ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section
Division of Corporations Registration Section Division of Corporations
P.O. Box 6327 The Centre of Tallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAG Academy LL	C 2014 SEP 27 PM 24 15
	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L17000137953</u> .	pany were filed on 6 12 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited Business Essentials Virtual As The new name must be distinguishable and contain the words "Limited I	ssistant LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	434 Lung Bella Ln. Suite 317 New Smyrna Beach, FL 32168
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as Above
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 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>	Name	Address	Type of Action
	NIA		□ Add
			□Remove
			Change
			□Add
			□Remove
		 	☐ Change
			
			□ Remove
			Change
			
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			∏Change

<u>N</u>	<u> 1</u>				·-	<u> </u>			
		" .					_ .		
			<u> </u>						
									
	<u> </u>								
					<u> </u>				
									·· - ·
			_				•		
	<u>.</u>				<u>.</u>		<u>.</u>		
								<u>.</u>	
	····	<u>.</u>							
te: If the c	late inserted in	an the date of ate must be speci this block does the Departmen	not meet	the applica	o dute of this	ig or more ara	n 90 days afte	ional) or filing.) Purs is date will r	uant to 605.0201 not be listed as
s filed.		ffective date, b							i day after the
	2 Sept	ember 2	4th. 2	021	_ ·				
ed		/		\bigcirc /					
red		nes Nas Signatur	Jof a memb	- VOSA per or suthor	ized represe	ntative of a m	ember		