

L17000136447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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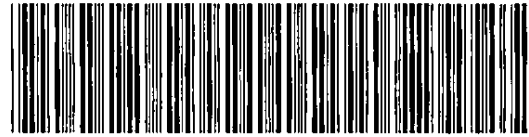
(Business Entity Name)

(Document Number)

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17 JUL 10 PM 5:35
FBI STATE
CALIFORNIA

S. WARREN

JUL 12 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BNA ENGINEERING SOLUTIONS GROUP, 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:

NATALIA BYKON

Name of Person

Firm/Company

18021 BISCAYNE BLVD, APT 501

Address

AVENTURA, FL 33160

City/State and Zip Code

natabykon@gmail.com

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

For further information concerning this matter, please call:

NATALIA BYKON

347

697 9544

Name of Person

at ()

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**

BNA ENGINEERING SOLUTIONS GROUP, 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 NATALIA BYKON and assigned
Florida document number 1.17000136447.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BNA ENGINEERING SOLUTIONS GROUP, LLC

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)

18021 BISCAYNE BLVD

501

AVENTURA, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18021 BISCAYNE BLVD

501

AVENTURA, FL 33160

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: NATALIA BYKON

New Registered Office Address: 18021 BISCAYNE BLVD, APT 501

Enter Florida street address

AVENTURA

City

Florida 33160

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

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CLERK OF CIRCUIT COURT
DADE COUNTY
FLORIDA

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> |
|--------------|---------------|---------------------|--|
| MGR | NATALIA BYKON | 18021 BISCAYNE BLVD | <input type="checkbox"/> Add |
| | | 501 | <input type="checkbox"/> Remove |
| | | AVENTURA, FL 33160 | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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11:00
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HALL COUNTY CLERK

[illegible]

(86/19/20)17

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.

Dated 21/11/2019

OLEKSI BYKON

Page 3 of 3

Filing Fee: \$25.00

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ALLIANCE FLORIDA