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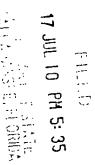
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 SO	LUTIONS GROU	iP, LLC		
(Name of the Limite	d Liability Compa A Florida Limited	iny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Lia Florida document number	ibility Company	were filed on NATA	LIIA BYKON	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
BNA ENGINEERING SOLUTIONS GROUP, I	1.0			
The new name must be distinguishable and contain the we	rds "Limited Liabi	lity Company," the design	nation "LLC" or the abbr	eviation "L. L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:		18021 BISCAYNE BLVD		
		501		
		AVENTURA, FL. 33160		
		18021 BISCAYNE	BLYD	
(Mailing address MAY BE A POST OFFICE E	(OX)	501		
Muning maness mar m. At the transfer many		AVENTURA, FL. 33160		
B. If amending the registered agent and/oregistered agent and/or the new registered off Name of New Registered Agent: New Registered Office Address:	NATALIIA BY	<u>e</u> :	*	e name of the ne
	AVENTURA		Florida 3316	()
		Сйу		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

Page 1 of 3

بن

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR NATALIIA F	NATALIIA BYKON	18021 BISCAYNE BIA'D	
		501	3 /\dd
			Remove
		AVENTURA, FL. 33160	■ Change
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D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_		
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_		
E. Effectiv	e date, if other than the date of filing:)7 (3 kl
<u>Note:</u> 11	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records.	s the
If the reco (b) The 9	and specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier c 00th day after the record is filed.	of:
Dated _		
	Signature of a member or authorized representative of a member	
	OLEKSH BYKON 572 5	
	Typed or printed name of signee	
	Page 3 of 3	

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