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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053

Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future on annual report mailings. Enter only one email address please.

Email	Address:	 	

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Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BSL Investment Group, LLC						
(Name of the Limits	d Lisbillty Compa (A Florida Limited I	ny as It now appears on our r Liability Company)	ecords.)			
The Articles of Organization for this Limited Li Florida document number L17000232919	ability Company	were filed on Nov 10, 201	7 and assigned			
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		7829 Travelers Tree Drive	c			
(Principal office address MUST BE A STREE		Boca Raton, FL 33433	25%			
Trincipal Office awayers 12002 52 1201			<u> </u>			
			6			
		Prosper Financial Solutions, LLC Attn: John Jahanganii				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO Box 880282	· D			
		Boca Raton, FL 33433	<u> </u>			
			<u> </u>			
B. If amending the registered agent and/or r agent and/or the new registered office address	s here:		nter the name of the new registere			
Name of New Registered Agent:	Prosper Financ	ial Solutions, LLC				
New Registered Office Address:	7829 Travelers					
		Enter Florido street d				
	Boca Raton	<u></u>	_, Florida <u>33433</u>			
		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 Changing Repistered Agent, Singuature 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

Title	Name	Address	Type of Action
MGR	John Jahangani	7829 Travelers Tree Drive	■ Add
		Boca Raton, FL 33433	□Remove
			Change
C00	Jean Chery	PO Box 824682	□ Add
		Pembroke Pines, FL 33082	■Remove
			Change
CFO	Marie N Chery	PO Box 824682	
		Pembroke Pines, FL 33082	☐ Remove
			☐Change
			<u>- ت</u> <u>- ت</u> - <u>D</u> Add
			□Remove
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			□Remove
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cord specifies a delayed effective i filed.	date, but not	an effective	ime, at 12:0	l a.m. on the e	arlier of: (b)	The 90th	i day after ti
December 8th	··················· 9	2020	 •				
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