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## **COVER LETTER**

Division of Corporations
SUBJECT: B. A. Research Consulting 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:
Belkis Hernandez Rico Name of Person
B.A. Research Consulting LLC
15480 SW 284th St Unit-208
Homestead - F1 - 33033 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BelKi's Hernandez at (786) 804-7219  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S25.00 Filin

MAILING ADDRESS:

TO:

**Registration Section** 

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

B. A. Research Con	isulting LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number	ere filed on $04/19/2018$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	_ /
Enter new principal offices address, if applicable:	15480 SW 284th St
(Principal office address MUST BE A STREET ADDRESS)	Unit-208 Homestead, Fl, 33033
Enter new mailing address, if applicable:	15480 SW 284th ST
(Mailing address MAY BE A POST OFFICE BOX)	Unit-208 Homestead, Fl, 33033
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the nev
Name of New Registered Agent:	79
New Registered Office Address:	Enter Florida street address 55 71
	City Florida Zip Gode 7
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is
If Changi	ng Registered Agent, <u>Signature of New Registered Agent</u>

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Amaury GONZAlez	15480 SW 284th S	7 Add
	/	15480 SW 284th S Unit - 208	□ Remove
		Homestead, F1,3303	3_ Change
			□ Remove
			Change
			Add
			Remove
			Ghange III
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Filing Fee: \$25.00