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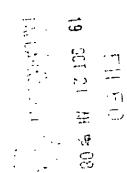
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COVER LETTER

	B. A. RESEARCH CONSUL	JING LLC	
SUBJECT:			
	Name of Lim	ited Liability Company	······································
		the decrease of	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
please return all correspo	ndence concerning this matter	to the following:	
		AMAURY GONZALEZ	
		Name of Person	
		Firm/Company	
	15	5480 SW 284FH ST UNIT 208	
		Address	
		HOMESTEAD, FL, 33033	
	alez	City/State and Zip Code _ amaury @ yahou	 o, es
		to be used for future annual report notif	
For further information c	oncerning this matter, please ca	all:	
AMAUR	Y GONZALEZ	786 804 - 7219)
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne 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 enclose
	ING ADDRESS:	STREET/COURI Registration Sectio	

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

B. A. RESEARCH CONSULTIN	G LLC		
(Name of the Limit	led Liability Company as it now appears of (A Florida Limited Liability Company)	on our records.)	9
The Articles of Organization for this Limited L L18000099426 Florida document number	iability Company were filed on	4/19/2018	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company here	!	
The new name must be distinguishable and contain the venter new principal offices address, if application of the principal office address MUST BE A STREET	eable:		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered or	ffice address here:	our records, <u>ente</u>	er the name of the n
Name of New Registered Agent:	AMAURY GONZALEZ		
New Registered Office Address:	15480 SW 284TH ST UNIT 208		
•		a street address	22022
	HOMESTEAD Cite	Florida	33033 Zin 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

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>	Type of Action
AMGR	BELKIS HERNANDEZ RICO	15480 SW 284TH ST UNIT 208 HOMESTEAD, FL33033	🗆 Add
		- 	Kcmove
			☐ Change
_A MGR	ALEJANDRO GONZALEZ	15480 SW 284TH ST UNIT 208 HOMESTEAD, FL 33033	
			Change
			Петоv _е
			Change
			□ Add
			Remove
			Change
			□ Remov _e
			Change
			
			Петюve
			□ Chang _o

	<u>-</u>
*:	date, if other than the date of filing: (optional)
effecti <u>te:</u> If	date, if other than the date of filing:
he 90	od specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ed	October 15, 2019
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00