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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	ct: <u>B</u>	NI Referral	ROW, LLC	
	,	Name of Limi	ited Liability Company	
The encl	losed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please ro	eturn all correspon	dence concerning this matter t	to the following:	
		Jessiea	Ruhluff	
		_ (Name of Person	•
		BNI R	Referral Rowi	hh
			Firm/Company	
		1208 Sa	nd Luke Rd,	Ste 202
			Address	
		orland	City/State and Zip Code	10
		BNI Referra	City/State and Zip Code U ROW UK (1) to be used for future annual report notific	
For furth	ner information co	ncerning this matter, please ca	all:	
SP	SSILL	Puhloff	at 518, 275	3070
•	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	d 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:

TO:

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 ARTICLES OF ORGANIZATION **OF**

BNI Referry	Row, UC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LIG VVV IVVG23</u> .	were filed on <u>VII 18 2019</u> and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	7208 Sand Lake Road	
(Principal office address MUST BE A STREET ADDRESS)	Ste. 202 Urllindo, Fl 32819	
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	Cuy Zip Code	
I hereby accept the appointment as registered agent and agre	ee to act in this capacity. I further agree to comply with a	
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and	

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, <u>enter the title, name, and address of each person</u> <u>being ador removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jessila Ruhloff	7208 Sand Lake Road	Add
		Se 202	Remove
		Orlando FL 32819	Change
AMBR	John Motowidlan	7208 Sand Lake Rd	
		Ste. 202	Remove
		Urlando, FC 3281	☐ Change
AMBR	Potrick Brabec	7268 Slend take Rd	
		Ste. 202	Remove
		trando, Fl 32819	`
			□ Add
			Remove
			Change

			Remove
			Change
			🗆 Add
			Remove
			_□ Change

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(If an eff <u>Note:</u>	ve date, if other than the date of filing: (optional) (optional)
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	July 5, 2019.
	Anto Windlick
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00