L20000 120766

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COVER LETTER

TO:	Registration Se Division of Cor			
SUB.	JECT: BDA Man	agement Group LLC		
.,.,			ited Liability Company	
		Amendment and fee(s) are sub	-	
		Bastian Pukrop		
			Name of Person	
		BDA Management Gr	roup LLC	
			Firm/Company	
		3325 Airport Pulling	Rd N J3	
			Address	
		Naples FL 34105		
			City/State and Zip Code	
		b.pukrop@gmail.com F-mail.address: (to be used for future annual report notific	cation)
For fu	urther information co	oncerning this matter, please co	·	
Bast	ian Pukrop		at (954) 7080367	
	Name of	Person		Telephone Number
Enclo	sed is a check for th	e following amount:		
Ø \$3	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)

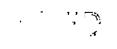
MAILING ADDRESS:

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



7676: 13 Pil 1:45

BDA Management Group LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Cor	mpany were filed on May 4th 2020	and assigned	
Florida document number L20000120766	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
<u>. </u>			
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	 		
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
Enter new mailing address, if applicable:	<u></u>	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office addre		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Ph. 2.4.		
	, Floi	rida Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and nt as provided for in Chapter 605, F	H am familiar with and .S. Or, if this document is	
	If Changing Paristered Agent, Signature of	N-D-in-in-in-in-in-in-in-in-in-in-in-in-in-	

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>	Address	Type of Action
AMBR	Bastian Pukrop	3325 Airport Pulling Rd N J3	G Add
		Naples, FL 34105	☐ Remove
			Change
		.	
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			🗖 Add
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		<u> </u>		
<u></u>			<u>.</u>	
Effective date, if other than the			(optional)	
If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	ock does not meet the app	licable statutory filing req		
ne record specifies a delayed The 90th day after the rec		not an effective time	at 12:01 a.m. on the	earlier of:
Dated May 9th	2020			
Par	1812			

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee