L20000310328

(ке	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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21 SE 22 FH 1.05

COVER LETTER

	Registratio. Division of	n Section Corporations	•				
e110 1197		BAL MULTISERVICES CONSULTANTS LLC					
SUBJEC	1:	Name of Lin	nited Liability Company				
The enclo	sed Articles	s of Amendment and fee(s) are sul	bmitted for filing.				
Please ret	urn all corre	espondence concerning this matter	r to the following:				
		Jean-Noel, Belinda					
			Name of Person				
	BAL MULTISERVICES CONSULTANTS LLC						
	Firm/Company						
	5213 Lee St						
			Address				
	lehigh acres, FL. 33971						
			City/State and Zip Code				
		E-mail address:	(to be used for future annual report notification)				
For furthe	er informatio	on concerning this matter, please o	call:				
BELIND	A LAPIERI	RE	305 240-7587				
	Nai	ne of Person	Area Code Daytime Telephone Number				
Enclosed	is a check f	or the following amount:					
■ \$25.0	0 Filing Fe	e S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
F 	Division o ² .O. Box 6	on Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

21 SEP 22 PH 1: 05

RAL MIII	.TISERVICES	CONSULT	'ANTS LLC
12231. 191033			

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

· ·	() (Visial Division Division), Samples,)
The Articles of Organization for this Limited Lia Florida document number <u>L20000310328</u>	ability Company were filed on 10/01/2020 and assigned
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:
(Principal office address MUST BE A STREET	TADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new register</u> s here:
Name of New Registered Agent:	Lalierre Belinda
New Registered Office Address:	5213 Lee Street Enter Florida street address
	Letish Acres Florida 3397-1 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 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 Addres 21 SEP 22 FH 1: 05 AMBR = Authorized Member <u>Title</u> Name **Type of Action** BUSINES Jean-Noel, Belinda 5213 Lee St _ □Add Lehigh Acres, FL 33971 **■**Remove □ Change **AMBR** LAPIERRE, BELINDA 5213 Lee St ■Add Lehigh Acres, FL 33971 □Remove □ Change \square Add □Remove ☐ Change \square Add □Remove □ Change \square Add Remove ☐ Change \square Add □Remove ☐ Change

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		<u> </u>	
Effective date, if other than the date of	61/01/2021	,	(optional)
(If an effective date is listed, the date must be specif	lic and cannot be prior to	date of filing or more than 90 day	s after filing.) Pursuant to 605,0207 (3)(b
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable of State's records.	e statutory filing requirement	s, this date will not be listed as the
•			
f the record specifies a delayed effective date, bu	at not an effective time	e, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
ecord is filed.			
	2021		
Dated	2021		
pre			
Signature	e of a member or authoria	ged representative of a member	
		•	
BELINDA LAPIERRE			
	Typed or printed	name of signee	

Filing Fee: \$25.00