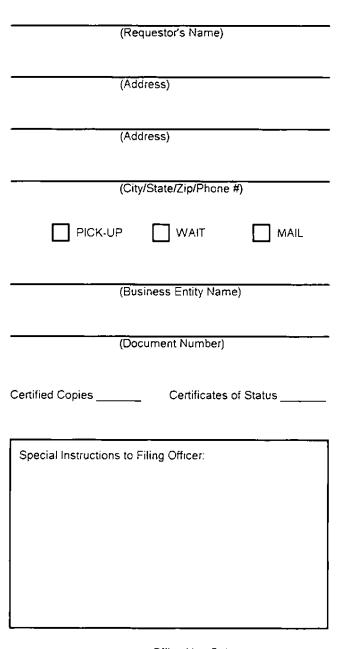
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COVER LETTER

	gistration Sec rision of Corp			
CHD IECT.		ISERVICES CONSULTANT	TS LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	I Articles of A	Amendment and fee(s) are sub	unitted for filing.	
Please return	ı all correspor	dence concerning this matter	to the following:	
		BELINDA LAPIERRE		
			Name of Person	
		BAL MULTISERVICES (CONSULTANTS LLC	
			Firm/Company	· • · · · ·
		18303 GIBRALTAR LN		
			Address	
		LEHIGH ACRES, FL 339.	36	
			City/State and Zip Code	
		BALCONSULTANTS2020	-	
			to be used for future annual report notifica-	ation)
For further it	nformation co	ncerning this matter, please co	all;	
BELINDA 1	APIERRE		305 240-7587	
	Name of	Person	at () Area Code Daytime T	elephone Number
Enclosed is a	t check for the	e following amount:		
□ \$25.00 F	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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAL MULTISERVICES CONSULTANTS LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our reco ited Liability Company)	<u>rds.</u>) .
The Articles of Organization for this Limited Liability Comp	pany were filed on 10/01/2020	and assigned
Florida document number L20000310328		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
BKN PARALEGAL SUPPORT LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	(y)	024
THE PROPERTY OF THE PROPERTY O		3 71
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		FA 2
	-	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>ente</u>	r the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	ι	Florida
	City	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	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Remove
			Change
			□ Add
			□Remove
			©Change
			□Add
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Note: 1	e date, if other than the date of filing:
	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 _	May 14 . 2024.
	Signature of a member or authorized representative of a member
	BELINDA LAPIERRE
	Typed or printed name of signee

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Filing Fee: \$25.00