

L20000333810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

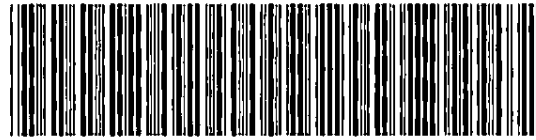
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 OCT 20 PM 4:05

CLERK OF COURT
TALLAHASSEE, FLORIDA

FILED

2022 OCT 20 AM 10:16

CLERK OF COURT
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$30.00

AUTHORIZATION SIGNATURE: _____

THE BDA Company LLC L20000333870

BUSINESS (Name)

Document #

James Full

___ Walk in

___ Pick up time ___

___ Mail out

___ Will wait

___ Photocopy

___ Certified Copy (please stamp each page)

__X_ Certificate of Status

NEW FILINGS

___ Profit

___ Not for Profit

___ Limited Liability

___ Domestication

___ Other

___ **CORP**

AMMENDMENTS

__X_ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ **Conversion**

OTHER FILINGS

___ Annual Report

___ Fictitious Name

REGISTRATION/QUALIFICATIONS

__X_ Foreign filing

___ Limited Partnership

___ Reinstatement

___ APOSTIL () _____
Country

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

The BDA Company LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leon Wilde

Name of Person

Leon P Wilde CPA Inc

Firm/Company

969 SE FED. HWY #400

Address

Stuart, FL 34994

City/State and Zip Code

Wilde.accounting@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leon Wilde

561 683-2005

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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**

FILED

The BDA Comapny LLC

2022 OCT 20 AM 10:16

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 10/21/2020 and assigned
Florida document number L20000333870

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7711 North Military Trail, #432 Palm Beach Gardens, FL 33410

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

7711 North Military Trail, #432 Palm Beach Gardens, FL 33410

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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

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2022 OCT 20 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FL

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2022 OCT 20 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 20, 2022

[Signature]

Signature of a member or authorized representative of a member

Bruce Andrews

Typed or printed name of signee