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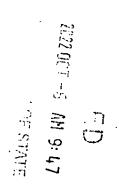
A. RIVERS

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COVER LETTER

TO:	Registration S Division of Co			•
SUBJI	ест: <u>В</u>	5R Mayteting Name of Lim	L Consulting 11	<u>C</u>
The en	closed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Bla	Name of Person	
		BJVR May	ryeting of Consulty	LLC
		164 spurou	Ir ept 104 WPB }	=1 33411
		WPB 3	33411	
		Vernicez E-mail address: (City/State and Zip Code blas 1 @ grail. com to be used for future annual report notif	ication)
For fur	ther information o	concerning this matter, please c	all:	
		Runivez	at (<u>754)</u> 2 86 Area Code Daytime	- 9393.
	Name o	of Person	Area Code Daytime	: Telephone Number
Enclos	ed is a check for t	he following amount:		
□ \$2	5.00 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 Addre	ss:	Street Address:	

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

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

BSYL Marketin	as it now appears on our records.
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on 9/13/22 and assigned
Florida document number	
This amendment is submitted to at 21 000 193332	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability".	Solutions LLC
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7837 W Sample rd
(Principal office address MUST BE A STREET ADDRESS)	7837 W Sample rd coral Springs, Florida 33065
Enter new mailing address, if applicable:	7837 w Sample rd
(Mailing address MAY BE A POST OFFICE BOX)	7837 W Sample 12 Colal springs FL, 33065
B. If amending the registered agent and/or registered office ac	ldress on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	' rm.
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	1
	City Florida Zio Code
Now Designationed Agent's Signature if showing Designation	City Florida Zo 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 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
			□∧dd
			□Remove
			□Change
			□Add
			□ Remove
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	1 Sharet - com
	Signature of a memory of authorized representative of a memor
	Blas Ramire 7. Typed or printed name of signee

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