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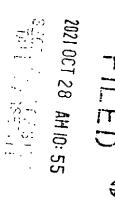
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

BALADAPP TICKS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person LEGIT CONSULTING SERVICES, LLC Firm/Company 6735 CONROY WINDERMERE RD, STE 233 Address ORLANDO, FL 32835 City/State and Zip Code BUSINESS@LEGITCS.COM L-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: FABIANA DE BARROS Daytime Telephone Number Name of Person. Enclosed is a check for the following amount: ■ \$25,00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed). (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BALA	MDAPP TICKS LLC	
( <u>Name of the Limited Liabilit</u> (A Florida	ly Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C lorida document number		2021 and assigned
his amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the limi</u>	ited liability company here:	
//A		
he new name must be distinguishable and contain the words "Lim-	nted Liability Company," the designatio	n "LLC" or the abbreyjation "L.L.C."
nter new principal offices address, if applicable:	N/A	921 <b>0</b> 0 <b>1</b>
rincipal office address MUST BE A STREET ADDR	<u></u>	072
nter new mailing address, if applicable:	N/A	ō D
failing address MAY BE A POST OFFICE BOX)		55
		\$
. If amending the registered agent and/or registered gent and/or the new registered office address here:	Loffice address on our records,	enter the name of the new registe
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	Cirv	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>	Name	Address	Type of Action
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		DEERFIELD BEACH, FL 33064	□Change
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	JOAO CARLOS A BALDUINO ALA

Filing Fee: \$25.00