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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: BBLNM	CONSULTING, LLC		
	Name of Lir	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Corpo	rate Maintenance Lea	ad
		Name of Person	
	Prod	cessing Department	
		Firm/Company	·
		1450 Vassar St	
		Address	***************************************
		Reno, NV 89502	
		City/State and Zip Code	
	returno	docs@incauthority.com	
For further information of	concerning this matter, please c	•	cation)
Process	ing Department	at (800) 638-2320	
	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BBLNM CONSULTIN	IG. LLC
(<u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability Co	m appears on our records.) impany)
The Articles of Organization for this Limited Liability Company were file	ed on 06/21/21 and assigned
Florida document number L21000287795	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
MCGRAW CONSULTAN	TS, LLC
The new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designation "L.I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2021 TV
	LR S CHIEF
	The state of the s
Enter new mailing address, if applicable:	52 7 to
(Mailing address MAY BE A POST OFFICE BOX)	70 To 1 To
	শ্ৰ জ
B. If amending the registered agent and/or registered office add registered agent and/or the new registered office address here:	ress on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	
	inter 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

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
			Remove
			Change
		-	Add
			□ Remove
			SECTION AND SECTIO
			DAdd STOREMOVE
			Change
			Add
			Remove
			Change
			□ Add
			Remove
			☐ Change
			Add
			Remove
			Change

). If amending any other information, enter change(s) here: (Attach additional sheets		
		
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		 .
	-	
	SECR TAIL	2021
		SEP-
	(2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	7 11
		<u> </u>
		
		
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 d Note: If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.	_ (optional) lays after filing.) Pursue ents, this date will no	ant to 605.0207 (or be listed as th
the record specifies a delayed effective date, but not an effective time, at 1: The 90th day after the record is filed.	2:01 a.m. on th	e earlier of:
Dated Wylff SO. 2021 Worman Wyraur	- -	
Signature of a member or authorized representative of a member		
Norma McGraw Typed or printed name of signee		 -

Page 3 of 3

Filing Fee: \$25.00