L22000095781

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TALLAMASSET LORIDATE

COVER LETTER

Registration Section

TO:

Division of Cor	porations					
BNA CON	SULTING LLC					
SUBJECT:	Name of Lin	ited Liability Company				
	(talle of the	onipany				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Enrico Anders					
		Name of Person	 			
	Supra Tax LLC					
	· 	Firm/Company				
	6675 Westwood Blvd, Ste	330				
		Address				
		Address				
	Orlando, Florida 32821					
		City/State and Zip Code				
	business@supratax.com		 			
	E-mail address: (to be used for future annual report no	tification)			
For further information of	oncerning this matter, please c	all:				
Enrico Anders		407 890-1096				
Name of Person		at () Area Code Daytir	ne Telephone Number			
		,	·			
	c n					
Enclosed is a check for t						
■ \$25.00 Filing Fee	S30.00 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:		Street Address:	,			
Registration Section		Registration Section				
Division of Corporations		Division of Co The Centre of	•			
P.O. Box 632 Tallahassee,			t attanassee oe Street, Suite 810			
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BNA CONSULTING LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Compan	y were filed on <u>02/23/2022</u>	and assi	gned
lorida document number L22000095781			
his amendment is submitted to amend the following:			
If amending name, enter the new name of the limited lial	bility company here:		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.I	"C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)	-		_
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
Manager 1			
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter the na</u>	ime of the new	regist
Name of New Registered Agent:		-77 ₀₀ ≈	
New Registered Office Address:		P COL I	1 }
New Registered Office Address:	Enter Florida street address	<u> </u>	1 1
	Florida	388	
	Florida _ City	Zip Code	
ew Registered Agent's Signature, if changing Registered Agent:		1.07	المسا
	•	수식 는	

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>	<u>Address</u>	Type of Action
AMBR	Marlon Talis De Miranda Gomes	2774 EAST COLONIAL DRIVE #1193	□Add
		ORLANDO, FL 32803	■Remove
			□ Change
			□Add
			□Remove
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<u>Note:</u>	ve date, if other ctive date is listed, t If the date inserted ent's effective date	d in this block do	es not meet	t the applica	o date of filing ble statutory	or more than 90 filing requirer	(option days after fil nents, this d	al) ing.) Pursuant to ate will not be	605.0207 isted as
record d is file	specifies a delayed.	ed effective date,	but not an	effective tir	ne, at 12:01 i	i.m. on the ear	lier of: (b)	The 90th day a	fter the
	October 10th		2	2022					
) }	_			<u> </u>	_ ·				
Dated _									
Oated _		Sin	Ulan.	des:					
Dated _		Signat	ure of a men	nber or autho	rized represen	tative of a memb	ner		