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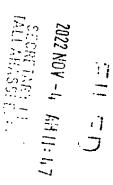
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 29, 2022

GUILLERMO DEL CASTILLO FLORES 2420 NW 33RD ST APT 1008 OAKLAND PARK, FL 33309 US

SUBJECT: BNL CONSULTING LLC

Ref. Number: L22000209047

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 022A00019245

NOV - 4 2022

COVER LETTER

| TO: Registration 5 Division of Co | | | |
|-----------------------------------|--|---|---------|
| SUBJECT: BNL COI | NSULTING ELC | | |
| 30000CT | Name of Lim | ited Liability Company | |
| The enclosed Articles of | of Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | pondence concerning this matter | to the following: | |
| | GUILLERMO DEL CAST | TILLO FLORES | |
| | | Name of Person | |
| | BNL CONSULTING LLC | : | |
| | | Firm/Company | |
| | 2420 NW 33RD ST APT | 800 | |
| | | Address | |
| | OAKLAND PARK FL 33. | 309 | |
| | | City/State and Zip Code | |
| | guillermodef@gmail.com | to be used for future annual report notification) | |
| For further information | concerning this matter, please c | · | |
| Guillermo Del Castillo | - | 786 8654211 | |
| | of Person | at (| _ |
| . Natific | torreison | 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 & ☐ \$60.00 Filing Fe Certified Copy (additional copy is enclosed) | tatus & |
| Mailing Addr | ess: | 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

| BNL CONSULTING LLC | | |
|---|---|---------------------------|
| (<u>Name of the Limited Liability Com</u> (A Florida Limite | pany as it now appears on our records.) d Liability Company) | |
| The Articles of Organization for this Limited Liability Compar | ny were filed on May 03, 2022 | and assigned |
| Florida document number L220(0)209()47 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | ability company here: | |
| he new name must be distinguishable and contain the words "Limited Lia | ibility Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| | · · · · · · · · · · · · · · · · · · · | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| 3. If amending the registered agent and/or registered office and/or the new registered office address here: | e address on our records, <u>enter the</u> | name of the new registe |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | Enter Fiorida street address | |
| | , Floric | daZip Code |
| | (cu) | rap Cour |

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 |
|--------------|-------------------------------|--|----------------|
| MGR | Guillermo Del Castillo Flores | 3131 NE 188TH ST APT 11204, MIAMI, FL, 33180 | l ≣Add |
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| ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this blo | be specific and cannot be p | | | |
| ocument's effective date on the De | partment of State's reco | rds. | | • |
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| record specifies a delayed effective l is filed. | date, but not an effective | /e time, at 12:01 a.m. C | on the eartier of: (b) The | e 90th day after the |
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| | 2022 | | | |
| Dated June 03 | 2022 | | | |
| Pated June 03 | A S | · | | |
| Pated June 03 | 2022 Signature of a member or a | uthorized representative | of a member | |