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SECRETARY OF STATE

COVER LETTER

	stration Section ion of Corporati	ons	ريدي	*
SUBJECT: _	BG	EXPERT Name of Limi	CON Sulting ted Liability Company	
The enclosed A	Articles of Ameno	dment and fee(s) are subr	mitted for filing.	
Please return a	all correspondence	e concerning this matter t	to the following:	
	_	leshie	Jacques Ge Name of Person	outier
	_	BGEX	Name of Person Oeut Con Sur Firm/Company	ting
	1	51 SE 15	+ Apt 2000	2
		Miam BGSUPA E-mail address: (1	City/State and Zip Code City/State and Zip Code ONTO BACKA To be used for future annual report notifi	31 Deut consulting. Com
For further inf	ormation concern	ing this matter, please ca	all:	
Lesh	Name of Person	rtiek	at (<u>904)</u> 864 -	- 283/ Telephone Number
Enclosed is a	check for the folio	owing amount:		2022 SEI SECRE
□ \$25.00 Fil	ling Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional curv is enclosed)
Maili	ing Address:		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

	Salling
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>122000337612</u>	were filed on $08-01-2022$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	60/ Brickell key drive Suite 700 mjami, FL, 33/3/
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	AA I general
New Registered Office Address:	Enter 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 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 Title **Type of Action** Name **Address** MGR LesLie Goutier 151 SE 1st Apt 2002 Add
Miami, FL. 33131 Remove MGR Johanne Goutien 151 SE 1st Apt 2002 Add Miami, FL, 33131 XRemove ☐ Change Remove □Remove Change _ □Remove _____ □Change

							
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effective date is I	other than the date of the date of the date must be spo	cific and cannot	be prior to date o	f filing or more that	(optional) n 90 days after filing.)	Pursuant to 6	505.020
	nserted in this block do ve date on the Departm			tutory filing requ	irements, this date v	vill not be l	isted as
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cord specifies a	delayed effective date,	but not an effe	ctive time, at 1	2:01 a.m. on the	earlier of: (b) The	90th day at	fter the
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