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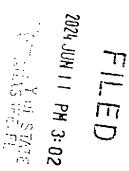
(Re	equestor's Name)	
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	egistration Se ivision of Cor			
CL:DIFCT	•	lan Experts LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Deyanire Gonzalez		
		***************************************	Name of Person	
		Owner		
			Firm/Company	
		PO Box 16434		
			Address	
		Plantation, Florida 33318		
			City/State and Zip Code	
		vanessa.marquez@vmlegals		····
For further	information c	rmail address: (concerning this matter, please or	to be used for future annual report notifier	uion)
Deyanire (3059108081	
	Name o	rt Person	at () Area Code ——Daytime T	elephone Number
Enclosed is	s a check for th	ne following amount:		
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
R	lailing Addres	Section	Street Address: Registration Secti	
	ivision of C .O. Box 632	Corporations	Division of Corpo The Centre of Tal	
	.O. DOX 052 allahassee l		2415 N. Monroe S	

Tallahassee, FL 32303

DocuSign Envelope ID 00B496E7-8819-407F-97CA-B4078869C2F2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Business Plan Experts LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our rec liability Company)	ords.
The Articles of Organization for this Limited Liability Company	were filed on 05/15/2023	and assigned
lorida document number 1.23000237954		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ity Company." the designation "L	A.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		202
		2021 III
nter new mailing address, if applicable:		
dailing address MAY BE A POST OFFICE BOX)		3 5
		17. N
. If amending the registered agent and/or registered office a <u>gent and/or the new registered office address here:</u>	ddress on our records, <u>ent</u>	er the name of the new regis
ent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ress
	, Cin	Florida Zio 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.

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It amending Authorized rerson(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	Susic, Djordje	950 S Pine Island Rd A-150 Plantation, FL Suite 1000	S □Add
			_ = Remove
			_ □Change
			_ □Add
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Effective date, if other than the date of filing: (optional) (tr'an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.				
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refective time, at 12:01 a.m. on the earlier of: (b) The 90th day after to bright filed.		tive date, but not an effective tim	ne, at 12:01 a.m. on the	e earlier of: (b) The 90th day after the
Dated DocuSigned by:	6/3/2024 Dated		-· ()	OCCADD COSTS 7404
Signature of a member or authorized representative of a member		Signature of a member or author	ized representative of a n	ember
Deyanire Gonzalez		De	yanire Gonzalez	