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(Requ	uestor's Name)	
(Addı	ess)	
· (Addr	ress)	
(City/	State/Zip/Phone #	<i>f</i>)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Name	·)
(Doc	ument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Fo	ling Officer	
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

04/09/2024

NAME:

BSDA CAPITAL LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	Registration So Division of Cor			
CHD IV	ncan	PITAL LLC		
SUBJEC	, F:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		ESTER ABENSOUR		
			Name of Person	
		BSDA CAPITAL LLC		
		· -	Firm/Company	
		1380 NE MIAMI GARDE	NS DRIVE, SUITE 166	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
			Address	
		MIAMI GARDENS, FL 3	3179	***
	City/State and Zip Code			
		Ester@bsdacapital.com		.,
		E-mail address: (to be used for future annual report notificati	ion) (1) CO
For furth	er information c	concerning this matter, please c	all:	
ESTER A	ABENSOUR		972 50-774-2888	
	Name o	f Person		ephone Number
Enclosed	is a check for the	he following amount:		
≡ \$25./	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			Street Address: Registration Section	n
	-		_	
	P.O. Box 632	27	The Centre of Talla	hassee
BSDA CAPITAL LLC Firm/Company 1380 NE MIAMI GARDENS DRIVE, SUITE 166 Address MIAMI GARDENS, FL 33179 City/State and Zip Code Ester@bsdacapital.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ESTER ABENSOUR Name of Person at (Area Code Daytime Telephone Number Enclosed is a check for the following amount: Ester S25.00 Filing Fee S030.00 Filing Fee Certificate of Status Certificate of Status Certificate Copy (additional copy is enclosed) Certificate Of Status.				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BSDA CAPITAL LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	oears on our records.) yy)
The Articles of Organization for this Limited Liability Company were filed on Florida document number L23000530518	11/28/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
Enter new mailing address, if applicable:	·
Mailing address MAY BE A POST OFFICE BOX)	
	F G G
 If amending the registered agent and/or registered office address on ou gent and/or the new registered office address here: 	r records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter	Florida street address

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.

City

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
MGR	MOCHE ABENSOUR	2905 NE 190TH STREET, APT 202	🗀 Add
		AVENTURA, FL 33180	≡ Remove
			Change
MGR	ESTER ABENSOUR	1380 NE MIAMI GARDENS DRIVE, SUITE 166	= Add
		MIAMI GARDENS, FL 33179	□Remove
			□Change
			□Add
			Remove
		• .	□Change
			Z>□ Add
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ctive date, if other than the date of effective date is listed, the date must be specif	tiling:	e of filing or more than 90 da	(optional) ivs after tiling.) Pur	suant to 605.02
E If the date inserted in this block does	not meet the applicable s	statutory filing requiremen	nts, this date will	not be listed
iment's effective date on the Departmen	t of State's records.			
ord specifies a delayed effective date, bu filed.	it not an effective time, a	t 12:01 a.m. on the earlie	r of: (b) The 90	th day after th
med.				
. April 5th	2024			
d April 5th	—· ——·/	-1-1		
	t	5-12		