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TALLAHASSEE, FL

R. HUNT
06/21/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BSD 1982 LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dov Landesman

Name of Person

AMERICAN RA INC

Firm/Company

12555 ORANGE DR, SUITE 208

Address

Davie, FL 33330

City/State and Zip Code

dovl@landesmancpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dov Landesman

954

701-8569

at ()

Name of Person

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 &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CLERK OF STATE
TALLAHASSEE, FL

2004. 12. 21 PM 3:20

670

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BSD 1982 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/01/2023 and assigned
Florida document number L23000534570

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AI ACADEMY CENTER LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

AMERICAN RA INC

New Registered Office Address:

12555 ORANGE DR, SUITE 208

Enter Florida street address

DAVIE

City

Florida 33330

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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Type of Action</u>
CEO	DAVE DVIR MEIROVICH	20423 SR7	<input type="checkbox"/> Add
		STE. F6-389	<input checked="" type="checkbox"/> Remove
		FL 33498 US	<input type="checkbox"/> Change
AMBR	DVIR MEIROVICH	20423 SR7	<input checked="" type="checkbox"/> Add
		STE. F6-389	<input type="checkbox"/> Remove
		BOCA RATON FL 33498 US	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

DAVID STATE
CLASSEE FL
JUN 21 PM 3:20

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

REAR VIEW ST
CHASSIS E.F.

OFFICE OF STATE
ATTORNEY GENERAL, FL

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F. Effective date, if other than the date of filing: _____ (optional)

(If 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 6/14/2024 .

Hubert

Signature of a member or authorized representative of a member

DVR MEIROVICH

Typed or printed name of signer