125000304984

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
	J. HO	PRNE
	AUG -	4 2025

Office Use Only



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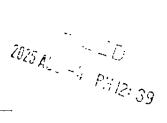
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COVER LETTER

TO:

TO:	Registration Se Division of Cor				
		E	8&G ACADEMY LLC		
SUBJECT: Name of Limited Liability Company					
		Amendment and fec(s) are sub			
Please	return all correspo	ondence concerning this matter	to the following:		
		NICOLAS BADELL			
			Name of Person		
3131 NE 188 ST, APT 2609					
			Address		
		AVENTURA, FL 33180			
		JBADELL@BADELLGRA	City/State and Zip Code		
		~	to be used for future annual report notification)		
For fur	ther information c	oncerning this matter, please c			
NICOL	LAS BADELL		786 3018316		
	Name o	f Person	Area Code Daytime Telephone N	umber	
Enclos	ed is a check for the	he following amount:			
€ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy (additional copy is enclosed) Certified Certified Copy is enclosed)	00 Filing Fee, nificate of Status & tified Copy himmal copy is enclosed	
	Mailing Address Registration S Division of C P.O. Box 632 Tallahussee, I	Section Corporations 17	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303	ite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



B&G ACADEMY LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on 50. Florida document number L25000304984	LY 01, 2025 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	909 pt. 100 pt
(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 ragent and/or the new registered office address here:	ecords, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	ida 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 provisions of all statutes relative to the proper and complete performance of accept the obligations of my position as registered agent as provided for in Cheing filed to merely reflect a change in the registered office address. I hereby company has been notified in writing of this change.	my duties, and I am familiar with and hapter 605, F.S. Or, if this document is

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>	Name	<u>Address</u>	Type of Action
MGR	DESIREE RIFEL	3131 NE 188 ST, APT 2609	
		AVENTURA, FL 33180	□Remove
			[]Change
			DAdd
			□Remove
			□Change
			CJAdd
		□Remove	
			□Change
		□Remove	
		Change	
		CAdd	
		□Remove	
		☐ Change	
*************			□Add
		□Rennove	
			[]Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
Note:	ive date, if other than the date of filing:
If the record is fi	ed specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	O₄ AUGUST 2025
	Signature of a member or authorized representative of a member
	NIÇOLAS BADELL

Filing Fee: \$25.00

Typed or printed name of signee