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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: BY L MULTISEI	RVICES MANAGEMENT	CORP.			
DOCUMENT NUME		·				
	of Amendment and fee are so	ibmitted for filing.				
Please return all corres	pondence concerning this ma	itter to the following:				
	ROXANA FERNANDEZ					
	Name of Contact Person					
	RF ACCOUNTING SERVICES, LLC.					
		Firm/ Company				
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	MIAMI, FL 33176					
		City/ State and Zip Cod	e			
BARI	ЗОЅАЈОНҮ@НОТМАIL.C	OM .				
	E-mail address: (to be u	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
ROXANA FERNANI	DEZ	at ( 305	596-9813			
Name o	Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment

Articles of Incorporation of 17 17 17 17 17 17 17 17

B Y L MULTISERVICES MANAGEMENT CORP.	-
(Name of Corporatio	n as currently filed with the Florida Dept. of State)
P16000077838	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
BL ADVISORY GROUP CORP.	The new
	" "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
Signa	ture of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Do	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	nith_	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		<del>_</del>		· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exchange provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<u> </u>	<del></del>

	MAY 31, 2017	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
M Effective date <u>if applicable</u> :	AY 31, 2017	
many many many many many many many many	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.	)
	pproved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	г
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
MAY 3 Dated	. 2017	
Signature	Jugelofoliamo Dueho O.	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	ANGELA J. BARBOSA	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	·