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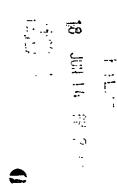
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<del></del>	(City/State/Zip/Phone #)
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## **COVER LETTER**

,	TO: Registration Section Division of Corporations
	SUBJECT: BB CONSTRUCT/DW VILC Name of Limited Liability Company
	The enclosed Articles of Amendment and fee(s) are submitted for filing.
	Please return all correspondence concerning this matter to the following:
	Darryl Lucas Name of Person  BB CONSTRUCTION IVLL Firm/Company
	BB CONSTRUCTION IVLLC
	3205 N. Pearl Street " 8
	Jacksonville, Florida 32206 City/State and Zip Code
	E-mail address: (to be used for future annyal report notification)
	For further information concerning this matter, please call;
	Dr. Benumin Hami Hom at (984) 355-2224  Name of Person Area Code Daytime Telephone Number \$35.00
	Enclosed is a check for the following amount: Already Raid 5/01/2018
	S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liability Company	as it now appears on our records. ability Company)	)
The Articles of Organization for this Limited Liability Company w	vere filed on $\frac{FIORID7}{89Z9}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	NIA	
The new name most be distinguishable and contain the words "Limited Liability	y Company, the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIT	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	MA	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		
		rida

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

MGR = Ma	rom our records: anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Dewitt Lucas	3215 N. Pearl &	COST BYOU
		Jacksonville, 7/3:	<u>306</u> □ Remove
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing of tote:  If the date inserted in this block does not meet the applicable statutory fiocument's effective date on the Department of State's records.		filing.) Pur	
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12:01 a	.m. on t	the earlier o
ated 176/01/2018.  Lightfure of a member or authorized representation.			
/ ()/ -			

Page 3 of 3

Filing Fee: \$25.00