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(Address)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 9-18 SparkMakers, LLC

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:

Lynne Shelton, Esq.

Name of Person

Shelton & Power, LLC

Firm/Company

771 Oak Avenue Parkway, Suite 3

Address

Folsom, CA 95630

City/State and Zip Code

Lynne@sheltonpower.com

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

For further information concerning this matter, please call:

Lynne Shelton

Name of Person

512 535-0090

at (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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

9-18 SparkMakers, 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 4/23/2014 and assigned Florida document number L14000065912.

This amendment is submitted to amend the following:

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

9-18 BBP, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Stays the same

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Stays the same

(Mailing address MAY BE A POST OFFICE BOX)

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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: _____

New Registered Office Address: _____

Enter Florida 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove

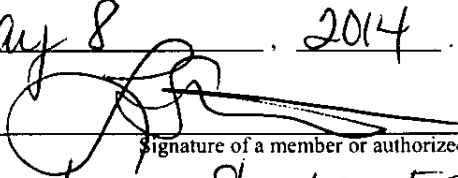
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 PALM BEACH COUNTY, FLORIDA
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 8, 2014



Signature of a member or authorized representative of a member

Lynne Shelton, Esq. Attorney of Record

Typed or printed name of signer

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TALLAHASSEE, FLORIDA



SPECIAL LIMITED POWER OF ATTORNEY FOR CORPORATE FILING

This Agreement is made and entered into by and between Shelton & Power, LLC located at 771 Oak Avenue Parkway, Suite 3, Folsom, CA 95630 (hereinafter "S&P" or "Us") and Gina Geloso, and Chris Walsh (hereinafter "Client" or "You") effective this 7th day of May, 2014. This Agreement is prepared in accordance with the Texas Rules of Professional Conduct Rule 1.04.

WITNESSETH:

S&P has the right to bring in other lawyers to work on Client's account. Also, Client grants authority to all lawyers, law clerks, paralegals, legal assistants and interns who are now working for S&P as employees or independent contractors or individuals who are hired in the future, to work on Client's account. Lynne Shelton & Jason Power or any other lawyer in the firm, will not perform any service for Client except those set forth in this Agreement or those services which both parties agree to in writing.

The undersigned declares that it hereby grants to Shelton & Power, LLC a full and sufficient power of attorney to apply to the proper state officers and authorities for the purpose of filing an amendment to your current 9-18 SparkMakers Limited Liability Company to amend the name to 9-18 BBP Limited Liability Company, giving likewise power to substitute this present and revoke such substitutions if necessary.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first above written.

Gina Geloso
Client / Company Name
Signature: *Gina M. Geloso*
Name: GINA M. GELOSO
Title: OWNER

SHELTON & POWER, LLC (S&P)
Attorneys At Law
Signature: *Lynne Shelton*
Name: Lynne Shelton
Title: Member

Chris Walsh
Client / Company Name
Signature: *Christine Walsh*
Name: CHRISTINE M. WALSH
Title: OWNER

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