## L150000 41206

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## **COVER LETTER**

Division of Corpo	orations						
	G BADA BOOM, LLC						
SUBJECT: Name of Limited Liability Company							
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.					
Please return all correspond	dence concerning this matter	to the following:					
	JAMES C. PETERSON						
		Name of Person					
	DeLOACH & PETERSO!	N, PLLC					
Firm/Company							
	418 Canal Street						
		Address	<u> </u>				
	New Smyrna Beach, Flori	da 32168					
		City/State and Zip Code	****				
	Cremington@418canal.com			2			
	E-mail address: (	(to be used for future annual report no	tification)				
For further information cor	ncerning this matter, please c	eall:	A\$8	~ [T			
VINCENZO CAPUANO		386 847-0167		- ω f-			
Name of I	Person		me Telephone Number				
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Enclosed is a check for the	following amount:		.,⊅	<b>~</b>			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &			

MAILING ADDRESS:

TO:

**Registration Section** 

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

BADA BING BADA BOOM, LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L15000041206	were filed on March 6, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
N/A	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
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)	1105 S. Atlantic Avenue, Apt. 3  New Smyrna Beach, Florida 32169
B. If amending the registered agent and/or registered of 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:	managa ya a wa
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I further agree to comply with

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

<b>Title</b>	<u>Name</u>	Address	Type of Action
MGR	VINCENZO CAPUANO	1105 S. Atlantic Avenue, Apt. 3	
		New Smyrna Beach, Florida 32169	□ Remove
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			Add
			☐ Remove
			Change
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			☐ Remove
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an effe	ctive date is listed, the f the date inserted in	date must be spec	ific and cannot	be prior to dat	e of filing or n	ore than 90 day	s after fil	ing.) Pu	rsuant to	605.0207
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Typed or printed name of signee

Filing Fee: \$25.00