

L150000 43797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

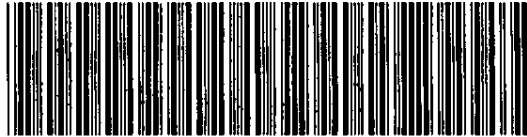
(Business Entity Name)

(Document Number)

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2016 JUN 23 A 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren
JUN 24 2016

DELOACH & PETERSON, PLLC
ATTORNEYS AT LAW

418 CANAL STREET
POST OFFICE BOX 428
NEW SMYRNA BEACH, FL 32170
(386) 428-2464
FAX (386) 423-9967

June 17, 2016

J. BOYD DELOACH
SID C. PETERSON II
PHILIP B. PETERSON
JAMES C. PETERSON
MATTHEW E. PETERSON

JAMES R. PROVENCHER
OF COUNSEL



FLORIDA DEPARTMENT OF STATE

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Bada Bing Group, LLC
Document Number L15000043797

Dear Sirs:

Enclosed please find Articles of Amendment concerning address changes, along with this firm's check in the amount of \$25.00 for such change.

Please return verification of said changes.

Sincerely yours,


JAMES C. PETERSON

JCP/cmr
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BABA BING GROUP, 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:

JAMES C. PETERSON

Name of Person

DeLOACH & PETERSON, PLLC

Firm/Company

418 Canal Street

Address

New Smyrna Beach, Florida 32168

City/State and Zip Code

Cremington@418canal.com

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

For further information concerning this matter, please call:

VINCENZO CAPUANO

386 847-0167
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	VINCENZO CAPUANO	1105 S. Atlantic Avenue, Apt. 3	<input type="checkbox"/> Add
		New Smyrna Beach, Florida 32169	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 06 15 16, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

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2015 JUN 23 A 11:48
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TREASURER OF STATE
MANAGER OF FLORIDA