

L150000 43797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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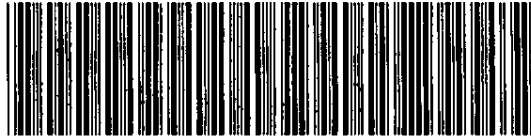
(Business Entity Name)

(Document Number)

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**FILED**  
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:

- \$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

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

BADA BING GROUP, 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 March 10, 2015 and assigned Florida document number L15000043797.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability 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 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

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

Multiple horizontal lines for amending information.

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 06 15 16

Handwritten signature of Vincenzo Capuano

Signature of a member or authorized representative of a member

VINCENZO CAPUANO

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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