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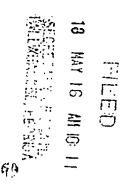
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O SIMMONS MAY 1 8 2018

## **COVER LETTER**

тò:	Registration Section Division of Corporations
SUBJEC	TI: BANDBREAL Holdings, LLC  Name of Limited Liability Company
	Name of Limited Liability Company
The encl	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Kathyn Devane Humilton Name of Person
	Firm/Company
	150 SE 2nd Menue, Swite 908, Miami FL 33131
	Address
	City/State and Zip Code
	Kathryn@hamiltonfamilylaw.wm E-mail address: (to be used for future annual report notification)
	er information concerning this matter, please call:
K	Athryn DeVane Itamulton at (305) 371-3788  Name of Person Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
<b>k</b> j \$25.0	00 Filing Fee

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**

BANDS	3 KEHL Holdings, LLC
( <u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document numberL   600001579	
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the	limited liability company here:
B and B Real Ho	oldings, LLC
	Limited Liability Company," the designation "LLC" or the abbresetion "L.L.C."
Enter new principal offices address, if applicable:	No Change
(Principal office address MUST BE A STREET AL	ODRESS)
Enter new mailing address, if applicable:	No Change ==
(Mailing address MAY BE A POST OFFICE BOX)	<u>—————————————————————————————————————</u>
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, <u>enter the name of the ne</u> address here:
Name of New Registered Agent:	No change
New Registered Office Address:	NO Charge  Enter Florida street address
_	, Florida
New Registered Agent's Signature, if changing Registe	·

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the can effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the Department of the date of the date of the Department of the date of th	be specific and cannot be prior to date o ck does not meet the applicable stat	f filing or more than 90 days	optional) after filing.) Pursuant to 605,020 t, this date will not be listed a
e record specifies a delayed The 90th day after the reco	effective date, but not an ef rd is filed.	fective time, at 12:	01 a.m. on the earlier c
ned May 1	5 2018		

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