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SECRETARY OF STATE
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COVER LETTER

TO:

Registration Section

Division of Corporations							
SUBJECT:	BBR H	loldings, LLC.					
Sobiler.	Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspondent	ondence concerning this matter	to the following:					
		Herbert A. Berg Name of Person					
		BBR Holdings, LLC.					
	Firm/Company 6000 Island Poulovard / Suito #201						
	6000 Island Boulevard / Suite #201 Address						
	Aventura, FL 33160 City/State and Zip Code						
	E-mail address: (hankberg@aol.com to be used for future annual report notific	cation)				
For further information	concerning this matter, please of	eall:					
Eric Beck Name of Person		at (305) 610-3698 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, 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

	BBR Holdir	ngs, LLC.			
(Name of the Limited	I Liability Compan A Florida Limited Li	y as it now appear ability Company)	rs on our records.)		
The Articles of Organization for this Limited L	iability Company	were filed on	2/26/2002	and assigned	
Florida document number L0200000	4680				
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name o	of the limited liabi	lity company her	<u>e</u> :		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limit	ed Liability Compa	nny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				
D. (1		Lester Gruda			
Enter new mailing address, if applicable:	T D O W	20764 W. Dixie Highway			
(Mailing address MAY BE A POST OFFICE	Aventura, FI 33180-1146				
		Aventura, 11	33100-1140		
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter t	he name of the new	
Name of New Registered Agent: Lester Gruc		a	ALL	SECR.	
New Registered Office Address:	20764 W. Dixie Highway		ii D		
		En	ter Florida street ada	ress =	
		Aventura	, Florida _=	우 33480	
City			, O	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				ōmi ro >	
I hereby accept the appointment as register	ed agent and agr	ee to act in this c	apacity. I further ag	ree 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 608, 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

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title** <u>Address</u> **Type of Action** Name Herbert A. Berg MGR 6000 Island Boulevard Remove Unit #201 Aventura, FL 33160 ☐ Add Remove ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 18th 2012 Dated Signature of a member or authorized representative of a member Eric Beck Typed or printed name of signee

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Filing Fee: \$25.00