

Florida Department of State
Division of Corporations
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L03000015646

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : RICHARD G. COKER, JR., P.A.
Account Number : I20010000145
Phone : (954) 761-3636
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
B&B PROPERTIES - UNIVERSITY DRIVE, LLC**

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|-----------------------|---------|
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Corporate Filing Menu

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

B&B Properties - University Drive, 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 05/01/2003 and assigned
Florida document number 103000015646.

This amendment is submitted to amend the following:

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

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)

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:

Benedict J. Fillichio

New Registered Office Address:

5400 S University Drive, Ste. 416B

Enter Florida street address

Davie

, Florida 33328

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> |
|--------------|-----------------------|------------------------------|--|
| MGRM | Ben Fillichio | 5400 S. University Dr, 416b | <input type="checkbox"/> Add |
| | | Davie, FL 33328 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGRM | BENCO INVESTMENTS | 5400 S University Dr., 416B | <input type="checkbox"/> Add |
| | | Davie, FL 33328 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Benedict J. Fillichio | 5400 S. University Dr., 416B | <input checked="" type="checkbox"/> Add |
| | | Davie, FL 33328 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Change |

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

[illegible]

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(b) The 90th day after the record is filed.

2016

Signature of a member or authorized representative of a member

Benedict J. Fillichio
Typed or printed name of signer

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