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EXAMINER

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TILLU 10 AUG -9 AN IO: 17 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corpo		•	
SUBJECT: BB	HR DEUELO	pments, LCC	
	Name of Limite	ed Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	JUEC 15	BRITZMAN	
	ABEX	Name of Person CAPITAL Firm/Company	
,	711 No	ed Orlando A	JE #101
	MAITLAND	FL 32751 City/State and Zip Code	
	BO ABEY E-mail address: (to	City/State and Zip Code CROWN INC, COM be used for future annual report notific	ation)
For further information con	ncerning this matter, please ca	all:	
JUEL BRITZ		at (407 949 J Area Code & Daytime	769 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 ORGANIZATIONO OF

BB JR D.	EUELOPHENTS MAR	n LLC
(<u>Name of the Limited Liab</u> (A Flori	EUELUPHENTS MARK ility Company as it now appears on o da Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabilit	y Company were filed on	()
This amendment is submitted to amend the following	ŗ.	
A. If amending name, enter the new name of the land the l		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," th	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ng ng Taong Sanggarang ang Sanggarang Panggarang Sanggarang ang Sanggarang	
	The second secon	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Fnter Fl	orida street address
	Linei Pa	Florida F
	City	Zip Epde
New Registered Agent's Signature, if changing Regist	•	

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 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

		Add Remove Add Remove Add Remove Add Remove
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		Add Remove
		Add Remove
any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
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- · · · · · · · · · · · · · · · · · · ·	<u>/0</u> .	
	8/3, 20. Jaic Dan	any other information, enter change(s) here: (Attach additional sheets, if necessary.) Algebra Communication, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00