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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BB South Beach, UC
(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:
David M. Goldstein, P.A. (Name of Person)
Law Offices of David M. Goldstein, P.A.
1441 Brickell Avenue, Suite 1013
Migmi, Ft. 33131 (City/State and Zip Code)
For further information concerning this matter, please call:
David M. Goldstein at (305) 372-3535 (Name of Person) at (305) 372-3535 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

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ARTI	_	RGANIZATION	OSEP 29 PM	** ATIÔNS
	O	F	18 SEP 29 PH	2: 57
BB South (Name of the Limited	Beach Liability Compa Florida Limited L	ny as it now appears on o		·
The Articles of Organization for this Limited L. Florida document number <u>L06000111</u>	ability Company 378	were filed on	17/06	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here:		
The new name must be distinguishable and end wit "L.L.C."	th the words "Limi	ited Liability Company," t	he designation "LI	C" or the abbreviation
Enter new principal offices address, if applic	able:	clo vavid	M-Golds	tein P.A.
(Principal office address MUST BE A STREE		1441 Brick	ell Ave., S	uite 1013
		miami, Fe	2 33/3	
Enter new mailing address, if applicable:		c/o David 1	n. Golds	tein, P.A
(Mailing address MAY BE A POST OFFICE BOX) 1441 By ickell Ave., Swite 16				ite 1013
B. If amending the registered agent and/ registered agent and/or the new registered of			records, enter th	e name of the new
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:	1441 Br	ickell Ave S Enter F	wife 101 Florida street add	(3)
	man	(City)	, Florida	3313/ (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 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

MGRM = Managing Member Title Name Address **Type of Action** Maria Ramas ☐ 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.) Typed or printed name of signee

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Filing Fee: \$25.00