LNa000121563

·	(Requestor's Name)	
-	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT MAIL	
	(Business Entity Name)	
(Document Number)		
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COVER LETTER

TO: Registration Se Division of Con				
B and S Pr	operties, LLC			
SUBJECT:	Name of Lim	ited Liability Company	 	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Neda Khosravani			
		Name of Person		
	Winderweedle, Haines, Wa	ard & Woodman, P.A.		
		Firm/Company		
	P.O. Box 880			
		Address		
	Winter Park, FL 32790-08	80		
	<u></u>	City/State and Zip Code	 	
	nkhosravani@whww.com			
	E-mail address: (to be used for future annual report notificat	tion)	
For further information of	concerning this matter, please ca	ull:		
Neda Khosravani		407 227 - 8233		
Name o	of Person		elephone Number	C3
Enclosed is a check for t	he following amount:		25	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		- m o J s

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

B and S Properties, LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number L06000121563	Liability Company	were filed on December 21, 2006	and assigned
riorida document number			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		3701 COASTAL VIEW DRIVE	
		JACKSONVILLE BEACH, FL 32250	
Enter new mailing address, if applicable:		P.O. BOX 51089	40
(Mailing address MAY BE A POST OFFICE BOX)		JACKSONVILLE BEACH, FL 3224	40
B. If amending the registered agent and registered agent and/or the new registered of			ter the name of the new
Name of New Registered Agent:	WHWW, INC.		CO - garden
New Registered Office Address:	329 Park Ave. 1	N., Second Floor	U
		Enter Florida street address	
	Winter Park	, Florida	32789 Zip Code
		City	ZID COUR

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

Greg Holzhauer, Vice President of WHWW, INC.

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>	Name	Address	Type of Action
MGR Bahman Khosrowzadeh	Bahman Khosrowzadeh	3701 Coastal View Dr.	
	Jacksonville Beach, FL 32250	■ Remove	
			□ Change
			Add
			□ Remove
			☐ Change
		-	
		□ Remove	
	_	□ Add	
		Remove	
		Change	
			Add S
		Remove Change	
			Remove
			□ Change

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E. Effective date, if other than the date of fili (If an effective date is listed, the date must be specific a Note: If the date inserted in this block does not document's effective date on the Department of	nd cannot be prior to date of fili meet the applicable statuto	ry filing requirements, this o	ling.) Pursuant to 605.0	207 (3)(b as the
If the record specifies a delayed effective (b) The 90th day after the record is filed	date, but not an effecti.	ctive time, at 12:01 a.	m. on the earlier	of:
Dated 8/30/16	-,			
Signature of	a member or althorized represe	entative of a member		
Neda Khosravani Neda	1.1	•		

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Filing Fee: \$25.00