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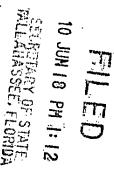
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D. BRUCE

JUN 2 1 2010

**EXAMINER** 

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: BBT PROFESTES LLU  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:
Berrard Towet Name of Person
Firm/Company  3370 NE 190th Street #3313  Address
AVENTURA FL. 33180  City/State and Zip Code
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Bernard Towet at (186) 556-0421  Name of Person  Area Code & Daytime Telephone Number  To San Tower  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{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 ORGANIZATION OF

	Citv		,	Zip Co	de	
			, Florida			
	<u> </u>	Enter Flori	da street add	tress	····	
New Registered Office Address:		4 amil		•	Ϊ,	
Name of New Registered Agent:						
registered agent and/or the new registered office	address here:					
B. If amending the registered agent and/or r	egistered office addre	ss on our reco	ords, <u>enter</u>	the name	of th	e new
			<u> </u>	ATE	<i>N</i> >	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		·	FEOR		
Enter new mailing address, if applicable:					₽	
•				885 F	ා	<u></u>
					Œ	
(Principal office address MUST BE A STREET A	DDRESS)			- (V)	0	
Enter new principal offices address, if applicable	<b>.</b>			274		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability	Company," the	designation "	LLC" or th	e abbre	viation
BBT PROPERT	TES & T	RADIA	Jan	_ار	)	
A. If amending name, enter the new name of the	limited liability comp	any here:				•
This amendment is submitted to amend the following	ng:					
Florida document number		<del>-</del>	1	<del></del>		
The Articles of Organization for this Limited Liabil	ity Company were filed	on J	9/20	<b>⊃7</b> and a	ıssigne	ed
( <u>Name of the Limited Lia</u> (A Flo	rida Limited Liability Cor	npany)	recoras.			
BBT PR	COPERTI	ES,L				
		1	1 ^			

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

<u>itle</u>					
	<u>Name</u>	•	Address	1	Type of Action
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If amendir	ng any other information, enter o	change(s)	) here: (Attach additional sh	neets, if necessary.	10
If amendin		change(s)	here: (Attach additional sh	neets, if necessary.	
If amendin		change(s)	here: (Attach additional sh	neets, if necessary.)	ANVIEW THE OF
``				:	10 JUN 18 PH
		201		:	10 JUN 18
If amendir	June 16.	2010			IN THE BIND OF

Page 2 of 2

Filing Fee: \$25.00