108000049937

(Re	equestor's Name)
(Ad	dress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
1 (Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Parties Handon's



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PILELY
2008 SEP 17 PM 12: 08
SECRETARY OF STATE

D. BRUCE SEP 1 8 2008

EXAMINER

COVER LETTER

Division (ot Corporatio	ns				
SUBJECT:	B+B		DEVELOPMENT nited Liability Company)	LLC		
		(
The enclosed Artic	les of Amend	ment and fee(s) are sub	bmitted for filing.			
Please return all co	rrespondence	concerning this matter	r to the following:			
		ROBERT	ENRICO (Name of Person)		_	
			(Name of Person)		•	
		B+B B((Firm/Company)	PMENT	HC	
		2712 WI	(Address)		20 TAI	
					ECR ECR	i Milipa
	C	APE COM	City/State and Zip Code)	ነ 1	EP I	
			(City/State and Zip Code)		7 RY C	F-10-0
•		ng this matter, please o			2008 SEP 17 PM 12: 08 SECRETARY OF STATE TALLAHASSEE, FLORIDA	Ü
WOBE1	2T E.	LRICO	at (239) 595 - (Area Code & Daytin	7952		
(Name of Person	1)	(Area Code & Daytin	ne Telephone Numb	er)	
Enclosed is a check	k for the follo	wing amount:				
\$25.00 Filing F		0.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	l) Certifie	ate of Status &	losed)

MAILING ADDRESS:

TO:

Registration Section

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+B Business		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>LO800049937</u> .	were filed on MA 17	2008 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the desig	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		200 SE
(Principal office address MUST BE A STREET ADDRESS)		AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		I PH 12: 08 SSEE.FLORIDA
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida	street address)
· · · · · · · · · · · · · · · · · · ·	, FI	orida(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 Changing Registered Agent, Signature of New Registered Agent)

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 **Type of Action** Title **Address** Name RUBERT ENRICO SR 1909 SW 47th TER. ☐ Remove □ Add Remove 🗖 Add Remove _ Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 9.12.08/SEDT 124, 2008. Signature of a member or authorized representative of a member RUBERT ENRICO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00