

L08000077264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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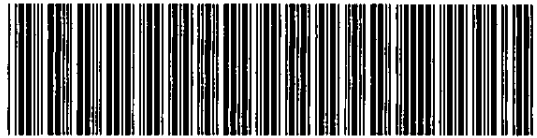
(Business Entity Name)

(Document Number)

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05/18/10--01016--008 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 18 PM 12:00

T. HAMPTON

MAY 19 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BBC REO, LLC
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:

WILL BLAND

Name of Person

BBC REO, LLC

Firm/Company

2643 GULF TO BAY BLVD, SUITE #1560-190

Address

CLEARWATER, FLORIDA 33759

City/State and Zip Code

Admin@WallStreetNoteBuyers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Will Bland

Name of Person

at (407)

758-7809

Area Code & Daytime 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 ORGANIZATION
OF**

BBC REO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08 / 12 / 2008 and assigned
Florida document number L08000077264

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

WILLIAM BLAND

New Registered Office Address:

2643 GULF TO BAY BLVD, SUITE #1560-190

Enter Florida street address

CLEARWATER

Florida

33759

City

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.

William Bland
If Changing Registered Agent, Signature of New Registered Agent

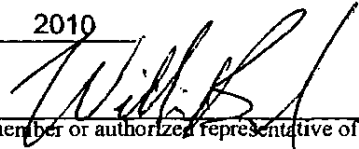
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WILLIAM LEWIS	2643 GULF TO BAY BLVD SUITE #1560-190 CLEARWATER, FLORIDA 33759	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	WILLIAM BLAND	2643 GULF TO BAY BLVD SUITE #1560-190 CLEARWATER, FLORIDA 33759	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated MAY 10TH, 2010



 Signature of a member or authorized representative of a member
 WILLIAM BLAND, MANAGER

 Typed or printed name of signer

10 MAY 18 PM 12:01
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS