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SECRETARY OF STATE

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JIVISION OF CORPORATIONS

JUN 17 2015

**3 MASON** 

## **COVER LETTER**

TO:	Registration Se Division of Cor	ction porations		
SUB.	JECT:	BB Q U	een LLC ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
			Beth Basham Name of Person  BB Queen, LLC Firm/Company	
			5143 West San	Jose Street
		Tamp	City/State and Zip Code	reen agmail. com
For fi	urther information co	oncerning this matter, please ca		· ·
	Beth P Name of	Pasham FPerson	at (813) 288 - Area Code Daytime	Telephone Number
Enclo	osed is a check for th	ne following amount:	•	
□ \$	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILI	ING ADDRESS:	STREET/COURI	SEC TALLA SEC SEC SEC SEC

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY: OF STATE STVISION OF CORPORATIONS

15 JUN 16 AM 8: 27

## ARTICLES OF AMENUMENT TO ARTICLES OF ORGANIZATION OF

66Qv		
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability C		6/2008 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here	:
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	Cit.	, Florida Zip Code
Now Desistent Assetts Simustone if the series Desistence	City	2ρ code
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent or provisions of all statutes relative to the proper and or accept the obligations of my position as registered ago being filed to merely reflect a change in the registere	omplete performance of m gent as provided for in Cha	duties, and I am familiar with and apter 605, F.S. Or, if this document is
company has been notified in writing of this change.		
		SECF SECF ALL/
		HE IN SEC.
		Clauset we of New Decile Sweet Amount
	If Changing Registered Agent	, adjustice of New Resident Asset CORP

## it amending Authorized Person(s) authorized to manage, enter the title, name, and address or each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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•			L Remove
•			□ Change
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