L08000 102602

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COVER LETTER

Tallahassee, FL 32314

		COVER LETTER		12.5
TO: Registration S Division of Co				190°C 16 KM 9.24
BBMK Co	ntracting LLC			6
	Name of Lim	ited Liability Company		49.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		`\$
Please return all correspondence	ondence concerning this matter	to the following:		
	Brian Davenport		. 	
		Name of Person		
	BBMK Contracting LLC			
	Firm/Company			
	6400 Park of Commerce B	lvd#1b		
	<u> </u>	Address		
	Boca Raton, FL 33487			
	hdavenport@bbmkcontracti	City/State and Zip Code		
		to be used for future annual repo	ort notification)	
For further information of	concerning this matter, please c	all:		
Brian Davenport		954 928-38 at ()	270	
Name (of Person		Daytime Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Certificate of Certified Cop (additional copy	Status &
Mailing Addre Registration Division of C	Section Corporations			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

19 DEC 16 TH 9: 24

BBMK Contracting LLC

company has been notified in writing of this change.

(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 10/31/2008	and assigned
Florida document number L08000102602		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability and Contain the Words" and Contain the words are also	ity Company," the designatio	n "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 a agent and/or the new registered office address here:	ddress on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	oddress
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
Thereby accept the appointment as registered agent and agre	re to act in this capacit	v. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Brian Davenport	6400 Park of Commerce Blvd #1b	
			□ Remove
			Change
MGR	Kevin Howald	6400 Park of Commerce Blvd #1b	□ Add
			≣ Remove
			□Change
			□Remove
			Change
			□Add
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			□ Remove
			□Change

Page 2 of 3

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ffactive	edute if other	than the date of fil	ina·		(optional)	
an effect lote: If	tive date is listed, the three date inserted	ne date must be specific a	and cannot be prior to timeet the applicabl	date of filing or more the le statutory filing req	an 90 days after filing.) Purs uirements, this date will r	uant to 605.0207 (not be listed as t
		delayed effective the record is file		an effective time	, at 12:01 a.m. on t	he earlier of
Dated	DECEMBE	10 2) Ma	. 2019			

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Typed or printed name of signee

Filing Fee: \$25.00