

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000362548 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BBMK CONTRACTING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	•		
•	BBMK CONTRACTING, LLC	<b>\$</b>	,
	(Name of the Limited 1 (A f	jability Company as it now appears on our recor- lorida Limited Liability Company)	<u>(ds.)</u>
he Article	s of Organization for this Limited Liabi	lity Company were filed on 10/31/2008	andassigned
lorida doc	ument number		
his amend	lment is submitted to amend the following	ng;	
. If amen	iding name, enter the new name of the	e limited liability company here:	
		T. 10.1 T. 10.	
ha naa naa	a one the distinguishable and contain the work	"Limited Liability Company," the designation "LD	C" or the abbreviation "L.C."
не нем пан	e must be distinguishable and contain the words	Company Company, the designation of	C of the home touron indice.
inter new	principal offices address, if applicable	e:	
Principal e	office address MUST BE A STREET A	(DDRESS)	- <u></u>
- <del>-</del>			
m form mossi	mailing address, if applicable:		
	•		
Mailing at	<u>ddress MAY BE A POST OFFICE BO</u>	<u> </u>	
			282
. If amen	iding the registered agent and/or regis	stered office address on our records, <u>ente</u>	r the name of the new registe
gent and/	or the new registered office address h	ere.	;
			 J
<u>N</u> :	ame of New Registered Agent:		<del></del>
NI.	ew Registered Office Address:		, <u></u>
<u>;N</u> :	ew Registered Office Address.	Enter Florida street addre	755
			. 23
	-	, F	lorida 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 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 company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

12122023573

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager	David Mayer	6800 Broken Sound Parkway NW, Suite 300	≅Add
		Boca Raton, FL 33487	□Remove
			□ Change
	<del></del>		□Add
			□Remove
			□Change
			□Add
			Remove
			🗆 Add
			□Кепюче
			□Change
			🗆 Add
			□Remove
			□Change
		<del></del>	□Add
			Remove
			□ Change

<del></del>	
<del></del>	
_	
_	
lf an effect <u>Note:</u> If	e date, if other than the date of filing:
e record s rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a milion the earlier of: (b). The 90th day after the
Dated	Octiober 13th  2023  Daniel Bold
	Signature of a member or authorized representative of a member
	Denise Bell