108000107789

(Requestor's Name)					
• (Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
·					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



300160709113

09/17/09--01003--032 **25.00

2899 SEP 17 AM 10: 5

T. CLINE

SEP 18 2009

EXAMINER

COVER LETTER

10:	Division of Co				
eud u	·CT·	BNB MC	ORTGAGE LLC		
SUBJE	::		ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub-	bmitted for filing.		·
Please	return all correspo	ondence concerning this matter	r to the following:		
			KURT BIEREK		
			Name of Person		
		METRONE	T CONSULTING GROUP L Firm/Company	LC	r-2
		,	r itti/Company		2009 SEP
			226 82ND AVE N Address		
			, , ,	\(\frac{1}{2}\)	
		SAINT	PETERSBURG, FL 33702 City/State and Zip Code		M 10: 5
		KBIEREK@GMAIL.COM			<u>5</u>
		E-mail address: (to be used for future annual report notific	ation)	
For fur	ther information of	concerning this matter, please of	call:		
		JRT BIEREK	at \	153-3845	_
	Name (or Person	Area Code & Daytime	Telephone Number	
Enclose	ed is a check for t	he following amount:			
₹ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fed Certificate of S Certified Copy (additional copy	tatus &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B1	NB MORTGAGE LLC	· · · · · · · · · · · · · · · · · · ·					
(<u>Name of the Limited Li</u> (A Fi	ability Company as it now appears orida Limited Liability Company)	s on our records.)					
The Articles of Organization for this Limited Liab		11/20/08	11/20/08 and assigned				
Florida document numberL800010778	<u>.</u> .						
This amendment is submitted to amend the follow	ing:						
A. If amending name, enter the new name of the	ne limited liability company here	2:					
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Compar	ny," the designation '	éğ 🗟				
Enter new principal offices address, if applicab	le:	.,	AH SEP	A TO A MARKET			
(Principal office address MUST BE A STREET)	ADDRESS)		SS I	Pro-			
			ाल कु	[3]			
Pakan naman di ang di dang di dang di Panglian Liba	226 92ND AV	E N	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	()			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		226 82ND AVE N SAINT PETERSBURG, FL 33702					
B. If amending the registered agent and/or registered agent and/or the new registered offic		ur records, <u>enter</u>	the name of	the nev			
Name of New Registered Agent:							
New Registered Office Address:	226 82ND AVE N	**************************************					
	Enter Florida street address						
	SAINT PETERSBURG	, Florida _					
	City		Zip Code				
New Registered Agent's Signature, if changing Reg	istered 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

Page 1 of 2

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

MGR = Manager MGRM = Managing Member **Type of Action Title** <u>Name</u> Address **ELIZABETH CURRIER** MGRM 812 PINELLAS STREET ☐ Add ✓ Remove CLEARWATER, FL 33756 ☐ Add Remove ☐ Add Remove \Box Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) THE ADDRESS FOR KURT BIEREK UNDER "MANAGER/MEMBER DETAIL" **NEEDS TO BE CHANGED TO:** 226 82ND AVE N, SAINT PETERSBURG, FL 9/15 Dated _____ Signature of a member or authorized representative of a member / KURT BIEREK

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee