L090000005354

(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:

A. LUNT

MAY 20 2010

EXAMINER

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COVER LETTER

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Compercial and residential LLC TALLAHASSEE TECHNOLA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin D. Pennington Name of Person
Name of Person
B+B Commercial and residential LLC
Firm/Company
6767 010 Barn Rd
Address
Tallahassee Flu 32310
City/State and Zip Code
Kevin _ Penning ton O Yahoo, com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
cerning this matter, please call:
4

For further information con-

Kevin o Penning for at (SSO) 25/-6550 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

TO:

Registration Section Division of Corporations

> \$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

B+B Commercial and re-	sidential LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L090002 5354</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
The new name must be distinguishable and end with the words "Limit "L.L.C."	<i>(</i>
Enter new principal offices address, if applicable:	7416 Fla 32310
(Principal office address MUST BE A STREET ADDRESS)	Tulle Fla 32310
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	H AY 11
B. If amending the registered agent and/or registered off	ice 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:	·····
New Registered Office Address:	
	Enter Florida street address
	City Zin Code
	City Zin 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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			Remove
			,
			Add
		72.	Remove
			3 3 3
			Add
			Remove
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). If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessor	iry.)
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Dated		·	
	Men I	Pust	
	Signature of a member	r or authorized representative of a member	
	Kevin D	Pennington or printed name of signee	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00