L0900036509

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	•#)
		MAIL
(Bu	isiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	ly



000262890020 08/04/14--01031--006 **25.00

EFFECTIVE DATE SIIVIIL



M. Anthen Allo - 5 207.1

John E. Norris Guy W. Norris Rima P. Patel

4

Norris & Norris, P.A. 🖈

ATTORNEYS AT LAW 253 N.W. MAIN BOULEVARD LAKE CITY, FL 32055 www.norrisattorneys.com

Tel: (386) 752-7240 Fax: (386) 752-1577

 $\boldsymbol{\tau}^{\prime}$

July 30, 2014

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

RE: Articles of Amendment to Articles of Organization of Building Blocks Enrichment Center, L. L. C.

Ladies and Gentlemen:

Enclosed for filing is original Cover Letter with original Articles of Amendment to Articles of Organization of Building Blocks Enrichment Center, L. L.C. attached, together with this firm's check in the amount of \$25.00 for the filing fee.

If you have any questions, please do not hesitate to contact me.

Thank you for your courtesies.

Sincerely yours,

& mm'

John E. Norris

JEN:dac Enclosures

COVER LETTER

TO: **Registration Section Division of Corporations**

BUILDING BLOCKS ENRICHMENT CENTER, L. L. C.

SUBJECT:

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

	John E. Nor	ris	
		Name of Person	
	Norris & Nor	rris, P.A.	
		Firm/Company	
	253 NW Ma	in Blvd.	
		Address	
	Lake City, F	L 32055	
	Kwickham E-mail address: (City/State and Zip Code 93110 gmail.com to be used for fujure annual report boti) fication)
For further information c	oncerning this matter, please c	all:	
John E. No	rris	_{at} 386, 752-7	240
Name o	f Person	////	e Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□ \$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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2014 AUG - 4 AM II: 25 SECLEDARY OF STATE TALLAHASSEE, FLORIDA

BUILDING BLOCKS ENR			
(<u>Name of the Limit</u>	ed Liability Compa (A Florida Limited	ny as it now appears on our re Liability Company)	<u>cords.</u>)
The Articles of Organization for this Limited Li Florida document number <u>L09000036509</u>			
This amendment is submitted to amend the follo	owing:		
A. If amending name, <u>enter the new name of</u>	f the limited liab	ility company here:	
The new name must be distinguishable and end with the	words "Limited Liab	bility Company." the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic		833 Pinewood Drive	
(Principal office address MUST BE A STREET ADDRESS)		Live Oak, FL 32064	
Enter new mailing address, if applicable:		833 Pinewood Drive	e SW
(Mailing address MAY BE A POST OFFICE BOX)		Live Oak, FL 32064	
B. If amending the registered agent and/ registered agent and/or the new registered of			ords, <u>enter the name of the new</u>
Name of New Registered Agent:	Crystal Wic	ckham	
New Registered Office Address:	833 Pinewo	ood Drive SW Enter Florida street ad	dhune
	Live Oak		, Florida <u>32064</u>
		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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered offic address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Hegistered Agent, Signature of New Registered Agent

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

.

L

L

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Andrew Harrell	833 Pinewood Drive	🗆 Add
		Live Oak, FL 32064	🖻 Remove
MGRM	Crystal Wickham	833 Pinewood Drive SV	N B Add
		Live Oak, FL 32064	Remove
			□ ∧dd
			Remove
			Add
		<u> </u>	Remove
			🗆 Add
			Remove
			🗆 Add
			Remove

0	any other informa	tion, enter cha	nge(s) here:	(Attach additional	sheets, if necessary.)
	•				
			····		
			•		
The effective dat	e, if other than the te must be specific, cann cument is filed by the Flo	of be prior to date	of receipt or tile	10, 2014 d date and cannot be me	ore than 90 days after
the date this do	cument is filed by the Fl	of be prior to date	of receipt or tile	10, 2014 d date and cannot be me	(optional) ore than 90 days after
the date this do	cument is filed by the Fl	ot be prior to date orida Department	of receipt or file of State) 2014	d date and cannot be me	ore than 90 days after
Dated?	cument is filed by the Fl	of be prior to date orida Department , , , , , , , , , , , , , , , , , , ,	of receipt or file of State) 2014	10, 2014 d date and cannot be me zed representative of a	ore than 90 days after

. . . .

Page 3 of 3 Filing Fee: \$25.00

