L09000062859

(Requ	estor's Name)	
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(Addre	ess)	
(City/s	State/Zip/Phor	e#)
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(Docu	ment Number) :
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T. CLINE

JUN 18 2010

EXAMINER

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 25, 2010

RICARDO BRITUS 550 NE 124TH STREET NORTH MIAMI, FL 33161

SUBJECT: B.B.H.&L CONSULTING, LLC

Ref. Number: L09000062859

We have received your document for B.B.H.&L CONSULTING, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P97000077187.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 710A00013137

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COVER LETTER

Division of Cor					
SUBJECT:	B. B. H. & L Car	raulting, LLC	•		
		ed Liability Company	- · · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	•				
	hica				
•		Name of Person	;		
	<u> </u>	Consulling, ILC	•		
·.	•	Firm/Company			
	550 NE 1244	h street.	•		
		Address		٠	
	North Miami, F	Varida 33161	TAL	3E.	
	1407 THE COMMY J	City/State and Zip Code	PH PH	.₩ ⊆	MO MARKET
	F-mail uddrass: (1	o be used for future annual report notification	,	爱二	papatian E T
For further information of	oncerning this matter, please co	·	'		
To further information of	oncerning this matter, piease co	an.		MM 9: 38	
hicaido	brutus	at (305) 761 - 5015		38	
Name of	f Person	Area Code & Daytime Telep	ohone Number		
Enclosed is a check for the	ne following amount:		;		
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee	e,	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of S Certified Copy (additional copy	tatus &	
MAIII	ING ADDRESS:	STREET/COURIER A	DDBESS.		
	ation Section	Registration Section	PPRING		

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

. B. B. H. & L. Consulting, L.C. (Name of the Limited Liability Comp. (A Florida Limited	nany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Companies Florida document number <u>L0900061859</u> .	ny were filed on <u>June</u> 29, 2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia Florida XPL55 Consul The new name must be distinguishable and end with the words "Lin"L.L.C."	ting, LIC	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	550 NE 1244 strut	
(Principal office address MUST BE A STREET ADDRESS)	North Miami, FL 33161	78 II
Forton many with a state of the	550 . 1214 jalyin	JUN 17
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	550 NE 124 th Otrat North Miami, FL 33161	
		9: 38
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, <u>enter</u> ere:	r the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
	, Florida	
	City	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 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

MGR = Ma MGRM = I	nnager Managing Member		•
<u>Title</u>	Name	Address	Type of Action
			Add
		•	
			Add Remove
·			Add
·- · .	· • • • •		Remove
"			Add Remove
			Remove
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D If amen	ding any other informatio	n, enter change(s) here: (Attach additional sheets,	if necessary.)
	ding any other information	N/U	The consumption of the consumpti
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		÷ ·	<u>:</u>
Dated(25/17/2010		

Page 2 of 2

Filing Fee: \$25.00