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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SWART BAUMRUK & COMPANY, LLP

Account Number: I20000000291 : (407)847-7466 Phone Fax Number : (608)399-1028

AMND/RESTATE/CORRECT OR M/MG RESIGN

B&B CAPITAL PARTNERS, LLC

Certificate of Status	0
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J. BRYAN

OCT 14 2009

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COVER LETTER

TO: Registration of Division of	on Section f Corporations			
SUBJECT:	8&8	Capital Partne	rs. LLC	
	, ,,,,,,,	of Limited Liability Co		
Dear Sir or Madam:				
The enclosed Articl	es of Correction and fee(s) a	re submitted for filing		
Please return all cor	respondence concerning this	s matter to the followin	g:	
	Candy McDonah		_	
	Name of Person). [:0]
Swa	rt Baumruk & Compa	ny LLP	_	<u> </u>
	firm/Company			
	1101 Miranda Lane	3	_	
	Address			
	Kissimmee, FL 347	41	_	
	City/State and Zip Code			
	taxes@sbc-cpa.cor	n	_	
E-mail address	c (to be used for future annu	al report notification)		
or further informat	ion concerning this matter, p	olease call:		
<u>Ca</u>	ndy McDonah	at (407	347-7466 odu & Daytine Telephone Number	
Na	nne of Person	Area Co	ode & Daytime Telephone Number	
STREET/COURIE Registration Section Division of Corpora Difton Building 1661 Executive Con Fallahassee, Florida	tions ter Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassoe, Florida 32314	
Euclosed is a check	for the following amount	:		
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Piling Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	
CR2E062 (08/05)	(((H0900	0219132 3)))		

18/13/2886 18:23 48/28476641 SWART BAUMRUK CO PAGE 82/83

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ARTICLES OF CORRECTION FOR FOR FORORDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

PURST	<u>C</u> :	The name of the limited liability company is: B&B Capital Partners, LLC		
SECO	Nn:	The articles of organization or the application to transact business		
(CH	rch.	THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT		
V		ins an incorrect statement. The incorrect statement, the teason the amicment is ect, and the corrected statement are as follows:		
	Rem	ove: MGRM, Andrew Banks, 6000 Masters Blvd., Orlande, FL 32819		
		;		
	OR		:	
		defectively signed. The manner in which the document was defectively signed and propriete correction are as follows:	•	
			S 00	· :.
			09 OCT SECRÉ	1
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Dated:	:	October 12 2009		ח
		Signature of a member or authorized representative of a member	8: 2 STAT -LOR	_
		Stephen S. Burks, Managing Member	€ 6	
		Typod or printed name of signee	₩	<i>:</i> .
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Electronic Articles of Organization For Florida Limited Liability Company

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Article I

The name of the Limited Liability Company is: B&B CAPITAL PARTNERS, LLC

Article II

The street address of the principal office of the Limited Liability Company is: 6000 MASTERS BLVD. ORLANDO, FL. 32819

The mailing address of the Limited Liability Company is:

1101 MIRANDA LANE KISSIMMEE, FL. 347410769

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.



Article IV

The name and Florida street address of the registered agent is:

STEPHEN S BURKS 6000 MASTERS BLVD. ORLANDO, FL. 32819

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: STEPHEN S. BURKS

Article V

The name and address of managing members/managers are:

Title: MGRM STEPHEN S BURKS 6000 MASTERS BLVD. ORLANDO, FL. 32819

Title: MGRM ANDREW BANKS 6000 MASTERS BLVD. ORLANDO, FL. 32819

Signature of member or an authorized representative of a member Signature: STEPHEN S. BURKS

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SECRETARY OF STATE
AREA SECRETARY OF STATE