

L10000028649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

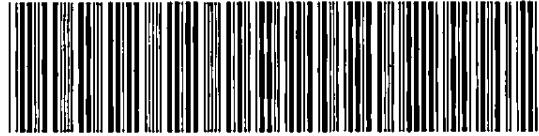
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600303477976

09/14/17--01006--023 **25.00

FILED
2017 SEP 14 PM 12:23
17 SEP 14 PM 12:19

D. SCOTT
SEP 14 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAB Family Ventures LLC
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:

Sean K Blackford
Name of Person

BAB Family Ventures
Firm/Company

5508 Thomas Dr
Address

Panama City Beach, FL 32408
City/State and Zip Code

ckvelPCB@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean K Blackford at (850) 276-1592
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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

FILED
2017 SEP 16 PM 2:23

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BVP Family Ventures LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/15/2010 and assigned
Florida document number L10000028649

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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, Florida *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 605, 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>VP</u>	<u>Charles Nty</u>	<u>6721 Harbour Blvd</u>	<input checked="" type="checkbox"/> Add
		<u>PCB, FI 32407</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>VP</u>	<u>Richard Blackford</u>	<u>5318 Pine-tree Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Apt B PCB, FI</u>	<input type="checkbox"/> Remove
		<u>32408</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 SEP 14 PM 12:23

FILED

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated _____,

Signature of a member or authorized representative of a member

Charles W. A. V.
Typed or printed name of signer

2017 SEP 14 10:07 (3)(b)
 FILED
 as the
 MICHIGAN
 er of