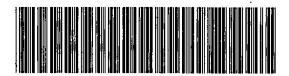
L10000084197

(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Divis	ion of Corp	orations			
SUBJECT:	BCB CONST	TRUCTION, LLC		•	
bedjeer		Name of Lim	ited Liability Company		
The enclosed A	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return a	ll correspon	dence concerning this matter	to the following:		
		BRIAN BABER			
			Name of Person		
		BCB CONSTRUCTION, I	LLC		
			Firm/Company		
		700 OHIO AVNEUE			
			Address		
		LYNN HAVEN, FLORIDA	A 32444		
			City/State and Zip Code		
		bbaber@arhomes.com		75E 2	2
		E-mail address: (to be used for future annual report notification	TALLAHA	
For further inf	ormation co	ncerning this matter, please ca	all:	မည္	၁ [
BRIAN BAB	ER		850 265-6047 at ()	177	C
	Name of	Person	Area Code Daytime Tel	ephone Number r	π ω
Enclosed is a	check for the	following amount:			,
□ -\$25,00 Fil	ling 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 enclose	

MAILING ADDRESS:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

BCB Construction, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 08/11/2010 The Articles of Organization for this Limited Liability Company were filed on and assigned L10000084197 Florida document number 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 "L.I.C." or the abbreviation "L.I.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 700 Ohio Avenue, Lynn Haven, FL 32444 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 Florida

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
MGR	Brian Baber	700 Ohio Avenue Lynn Haven, FL	Add	
			☐ Remove	
			Change	
MGR	Jessica Baber 700 Ohio Avenue, Lynn Haven, F		■ Add	
			□ Remove	
			□ Change	
MGR	Donna G Baber	700 Ohio Avenue, Lynn Haven, FL	□ Add	
			Remove	
			☐ Change	
			□ Add	
			TO Remeye AHAD Change	
			Add C C Remarke	
			Change	
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			Remove	
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	06/10/2016		AUDA MEA	•
L. Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to date of fack does not meet the applicable statut	(option filing or more than 90 days after f tory filing requirements, this	iling.) Pursuant to 605	5.0207 (3)(b) ed as the
f the record specifies a delayed b) The 90th day after the reco		ective time, at 12:01 a.	m. on the earli	er of:
June 10 Dated	2016			
	Signature of a member or authorized repre	esentative of a member	<u>,</u>	
Brian Baber				
Dittil Dawi	Typed or printed name of	signee		

Page 3 of 3

Filing Fee: \$25.00