

L11000012340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

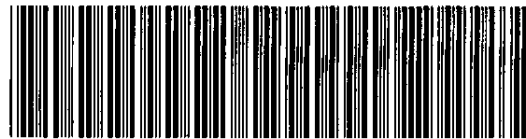
(Business Entity Name)

(Document Number)

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B. KOHR

APR 12 2011

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR -7 AM 9:20

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: OBB.COM 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:

Fatima Baychorova

Name of Person

OBB.COM LLC

Firm/Company

433 Central Avenue, Suite 201

Address

St. Petersburg, FL 33701

City/State and Zip Code

fatimabpa@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fatima Baychorova

Name of Person

at (727)

642-2011

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR -7 AM 9:20

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

OBB.COM LLC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR -7 AM 9:20

The Articles of Organization for this Limited Liability Company were filed on 01/31/2011 and assigned
Florida document number L11000012340.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

433 Central Avenue, Suite 201

St. Petersburg FL 33701

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

433 Central Avenue, Suite 201

St. Petersburg FL 33701

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:

(no change)

New Registered Office Address:

433 Central Avenue, Suite 201

Enter Florida street address

St. Petersburg

, Florida

33701

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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Faith Virginia Kriner	433 Central Avenue, Suite 201 St. Petersburg FL 33701	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Fatima Baychorova	433 Central Avenue, Suite 211 St. Petersburg FL 33701	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The Company shall be Manager-managed. Sole Initial Member is Fatima

Baychorova.

Dated April 4, 2011.

Signature of a member or authorized representative of a member

Fatima Baychorova

Typed or printed name of signee