L11 0000 16872

(Re	equestor's Name)				
(Address)					
(Ad	dress)				
(City/State/Zip/Phone #)					
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations BBS2, 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: Jason S. Weiss Name of Person Weiss Law Group, P.A. 5531 N. University Drive, Suite 103 Coral Springs, FL 33067 City/State and Zip Code jason@jswlawyer.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jason S. Weiss at (954) Area Code Daytime Telepho Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BBS2, LLC						
(Name of the Limit	ted Liability Compa (A Florida Limited L	ny as it now appears on our record lability Company)	<u>s.</u>)			
The Articles of Organization for this Limited L Florida document number <u>L11000016872</u>	·	were filed on <u>02/09/2001</u>		and ass	igned	
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name o	f the limited liabi	lity company here:				
The new name must be distinguishable and end with the	words "Limited Liab	ility Company," the designation "LL	C" or the abbre	viation "I	.L.C."	
Enter new principal offices address, if applicable:		3189 JUNIPER LANE				
(Principal office address MUST BE A STREET ADDRESS)		DAVIE, FL 33330				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3189 JUNIPER LANE				
		DAVIE, FL 33330				
B. If amending the registered agent and/ registered agent and/or the new registered of			s, enter the	name	of the new	
Name of New Registered Agent:	WEISS LAV	V GROUP, P.A.		SE 4	· dode to the c	
		IIVERSITY DRIVE, #103		P 12	el () extraces	
	CORAL SP	Enter Florida street uddres	orida 3306	7 3	Carried Carrie	
New Registered Agent's Signature, if changing	Registered Agent:	City	983 107	p Code	N. Company	
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the	er and complete istered agent as p	performance of my duties, as provided for in Chapter 605,	nd I am fami F.S. Or, if th	liar wit nis docu	h and ment is	

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR'= Manager

AMBR = A	uthorized Member				
<u>Title</u>	Name	Address Type	of Action		
MGRM	BETSY STERNBERG	9900 STIRLING ROAD #303			
		COOPER CITY, FL 33024	emove		
			dd		
		Ro	emove		
			dd		
			emove		
		AHASSET	oman,		
		TUBRIDA	move		
			d		
		Ren	nove		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 14 SEP 12 AM 11:08

SEEBETARY OF STATE

E. Effective date, if other than the date of filing:

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 8

2014

Steven Sternberg, MGRM Signature of a member or authorized representative of a member

Typed or printed name of signec

Page 3 of 3

Filing Fee: \$25.00