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COVER LETTER

Division of Corporations B&B OFFICE FURNITURE & DESIGN LLC SUBJECT: _ 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: JOHN BATY Name of Person **B&B OFFICE FURNITURE & DESIGN LLC** Firm/Company 1028 APOLLO BEACH BLVD #13 Address APOLLO BEACH, FL 33572 City/State and Zip Code WORSHIPJ874@MSN.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOHN BATY 813 664-3509 Name of Person Daytime Telephone Number 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 (additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B&B OFFICE FURNITURE & DESIGN LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 08/01/2011	and assigned
Florida document number L11000088005		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	
Enter new principal offices address, if applicable:		8 Jul. 8
Principal office address MUST BE A STREET ADDRESS)		2 95
		ω (C
		AM IO:
Enter new mailing address, if applicable:		— N
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Chairle and Li	
	Enter Florida street address	
	, Flori	
	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 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>	Address	Type of Action	
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ument's effective d	ate on the Departme	nt of State's rec	ords.				
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ed 6/15	5/18	• <u></u> .					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00