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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

NOV 15 2012

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MBBA 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:		
Brian Anderson Name of Person		
MBBA LLC		
449 NW 47th Street	TALLAHAS TALLAHAS	
Ft. Landerdale, FL	MASSER HASSER	Apple The store
City/State and Zip Code Maio and Drian@ gmail. Con E-mail address: (to be used for future annual report notification)	AH & S	- 30-00-0
For further information concerning this matter, please call:		
Brian Anderson at (404), 667-8864 Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified	e of Status &	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	C Y Company as it now appears on ou Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability of Florida document number	Company were filed on 31141	_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the wo	rds "Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		TAKE SEE
(Principal office address MUST BE A STREET ADD	RESS)	
		83 6
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		RIOA
B. If amending the registered agent and/or registered agent and/or the new registered office add		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Floi	rida street address
		Florido
	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 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR - Maii MGRM = Maii	ager anaging Member		
<u>Title</u>	Name	Address	Type otion
MGRM	Mario Brown	449 NW 47th Street	d
		Ft. Landerdale, FL 33309	Remove
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<u>M6RM</u>	Koyal Internet Markoling Inc.	Ft. Landerdale, FL 33300	1 Remove
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D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		_
Dat	ed Nov. 7th, 2012.	
	Bran a. and	
	Signature of a member or authorized representative of a member	
	Brian A. Anderson Typed or printed name of signee	
	Daga 3 of 3	

Page 3 of 3

Filing Fee: \$25.00

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