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## **COVER LETTER**

Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

TO:

B&F Prope SUBJECT:	erties 1, LLC		
SOBJECT.	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Fred Gottlieb		
		Name of Person	<del></del>
	B&F Properties 1, LLC		
		Firm/Company	<del></del>
	18555 Collins Ave Apt 40	03	
		Address	
	Sunny Isles Beach, Fl 3310	50	
		City/State and Zip Code	
	freddgottlieb@gmail.com		
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Fredf Gottlieb		305 785-3918 at (	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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		Street Address:	andi a m
Registration S Division of C		Registration So Division of Co	
P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



B&F Properties 1, LLC

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( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on $\frac{2\sqrt{3}/2012}{}$ and assigned		
Florida document number <u>L12000016873</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	18555 Collins Ave Apt 4003		
(Principal office address MUST BE A STREET ADDRESS)	Sunny Isles Beach, Fl 33060		
Enter new mailing address, if applicable:	18555 Collins Ave Apt 4003		
(Mailing address MAY BE A POST OFFICE BOX)	Sunny Isles Beach, FI 33060		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new registered		
New Registered Office Address:			
New Registered Office Address:	Enter Florida street address		
	, Florida 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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Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the I	ust be specific and block does not m	cannot be prior to eet the applica	o date of filing or m ble statutory filin	ore than 90 days afte	cional) er filing.) Pursuant to 6 his date will not be li	05.0207 sted as
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the record specifies a delayed effecti cord is filed.						
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Filing Fee: \$25.00