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T. BROWN

## **COVER LETTER**

TO: Registration Section **Division of Corporations** 

**BBA Partners 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:

Bernice M. Reagan

Name of Person

BBA Partners LLC

Firm/Company

20744 Sheldon Street

Address

Orlando FL 32833

City/State and Zip Code

reaganbm@hotmail.com

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

For further information concerning this matter, please call:

Bernice Reagan

at (904) 759-3550
Area Code & Daytime Telephone Number

Name of Person

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I3 OCT 15 PM 1:4,

TALLAHASSEE. FLORIDA

**BBA Partners LLC** 

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

(A Florida Limited Liability Company)

			· OA
The Articles of Organization for this Limited Liabil	lity Company	were filed on 4-23-2012	and assigned
Florida document number L12000054212			<u> </u>
Florida document number	<del></del> ·		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liab	ility company here:	
N/A			
The new name must be distinguishable and end with th "L.L.C."	e words "Limi	ited Liability Company," the designa	ntion "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET ADDRESS)		N/A	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		N/A	
(Muning unarcs) MATT BE ATT OUT OF TICE BO.	27		*** **********************************
B. If amending the registered agent and/or	registered of	ffice address on our records, <u>c</u>	enter the name of the new
registered agent and/or the new registered office	address her	<u>'e</u> :	
Name of New Registered Agent:	V/A		
New Registered Office Address:			
New Registered Office Address.		Enter Florida stre	eet address
		<del></del>	
-	<del> </del>	, Flori	ida Zip Code
		City	Zip Couc

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>	Address	Type of Action
MGRM	Victor S. Beeler	1510 Oakmont Drive	Add
		Jeffersonville IN 47130	Remove
MGRM	J. Casey Barney Sr.	17019 Meeting House Road	Add
		Fisherville KY 40023	Remove
MGRM	Victor S. Beeler	5300 South Atlantic Blvd	· Add
		Unit 14601	Remove
		New Smyrna Beach FL 32169	•
MGR	J. Casey Barney Sr.	17019 Meeting House Road	✓ Add
		Fisherville KY 40023	Remove
MGR	Victor S. Beeler	5300 South Atlantic Blvd.	Add
		Unit 14601	Remove
		New Smyrna Beach FL 32169	- <del></del> ) -
			Add
	·		Remove

	ion, enter change(s) here: (Attach additional sheets, if necessary.)
N/A	
<del></del>	
Dated April 23	
Bernie	nature of a member or authorized representative of a member
Bernice M. Rea	
	Typed or printed name of signee
	Dogo 2 of 2

Page 3 of 3

Filing Fee: \$25.00