

L12000067110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 14 2015
1:00 PM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BBPJJB LLC, a Florida limited liability company

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:

Jean-Jacques Berlioz

Name of Person

BBPJJB LLC

Firm/Company

2871 Somerset Dr

Address

Lauderdale Lakes, FL 33311

City/State and Zip Code

caberly@gmail.com

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

For further information concerning this matter, please call:

Jean-Jacques Berlioz

Name of Person

at

(954)

Area Code

559-2902

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

BBPJJB, LLC

The Articles of Organization for this Limited Liability Company were filed on 05/18/2012 and assigned
Florida document number L12000067190.

A. If amending name, enter the new name of the limited liability company here:

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

New Registered Office Address:

_____, **Florida** _____
City Zip Code

Page 1 of 3

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|--------------------------|---|
| AMBR | Apiradee Stalmach | 2265 SW 34th Terrace | <input checked="" type="checkbox"/> Add |
| | | Ft. Lauderdale, FL 33312 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: 08/21/2015 (optional) _____
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.0207-3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated August 21, 2015

Signature of a member or authorized representative of a member

JEAN-JACQUES BERLIOZ

Typed or printed name of signee