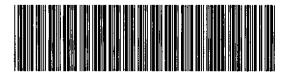


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SECRETARY OF STATE TALL AHASSEF, FLORIO

SEP 1 A 2015

COVER LETTER

TO:		istration Sec ision of Corp					
SUBJE	CT.	BBPJJB LL	C, a Florida	limited liability o	company		
SUBJE	CI:			Name of Lin	nited Liability Company		-
The encl	losed	Articles of	Amendment	and fee(s) are sub	bmitted for filing.		
Please re	ctum	all correspon	ndence conc	trning this matter	r to the following:		
			Jean-Jac	ques Berlioz			
					Name of Person		_
			вврув	LLC			
					Firm/Company		_
			2871 So	merset Dr			
					Address		
			Lauderd	ale Lakes, FL 333	311		
					City/State and Zip Code		2011 SE PALI
			caberly@	gmail.com			CAF SK
For furth	her ir	nformation co	oncerning th	E-mail address: is matter, please o	(to be used for future annual report notifical):		EP 11
Jean-Jac	cque:	s Berlioz			at (954) 559- Area Code Daytime	2902	D I: 2:
		Name of	Person		Area Code Daytime	Telephone Numb	I: 22
Enclosed	d is a	check for th	e following	amount:			
		Filing Fee & ficate of Status	Filing Fee, cate of Status & ed Copy nal copy is enclosed)				
		Registra Division P.O. Bo	NG ADDRI ation Section of Corpora ix 6327 ssee, FL 323	tions	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BBPJJB, LLC	
(Name of the Limited)	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number L12000067190	ility Company were filed on 05/18/2012 and assigned
Tionida document number	
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of th	ne limited liability company here:
The new name must be distinguishable and contain the words	Is "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	registered office address on our records, enter the name of the name
-	, Florida City Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:
provisions of all statutes relative to the proper a accept the obligations of my position as register	agent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and red agent as provided for in Chapter 605, F.S. Or, if this document is existered office address, I hereby confirm that the limited liability ange.

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
AMBR	Apiradee Stalmach		2265 SW 34th Terrace	= Add
			Ft. Lauderdale, FL 33312	□ Remove
				☐ Change
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amending	any other inform	nation, enter ci	hange(s) here	: (Attach ad	ditional sheets	i, if necessi	ary.)		
									
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cument's ef	ate inserted in this Tective date on the	Department of S	neet the applica itate's records.	ible statutory i	filing requireme			_	d as
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record or	pecifies a delay	ad affactive d	lata but aat	on offerti	es times at 1	2.01	##		
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ted August		Signature of a n	ell	rized represents	uive of a member				
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	AN-JACQUES BE	RLIOZ	nember or author	-			<u> </u>		
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Page 3 of 3

Filing Fee: \$25.00.