L12000078001

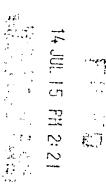
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COVER LETTER

	,	COVER LETTER	
TO: Registration Sect Division of Corpo			
_{SUBJECT:} 6101 S	S JOG ROAD	, LLC	
		ited Liability Company	
	mendment and fee(s) are sub-		
Please return all correspond	lence concerning this matter	to the following:	
	Jeffrey S. Ta	anen	
		Name of Person	
	Jeffrey S. Ta	anen, P.A.	
		Firm/Company	
	4000 Ponce	de Leon Blv	rd., #570
		Address	
	Coral Gable	s, FL 33146	
	itaman Otamanlan	City/State and Zip Code	
	jtanen@tanenlaw	7. NET to be used for future annual re	port notification)
For further information con	cerning this matter, please ca		
Jeffrey S. Ta	anen	_{at (} 305 ₎ 37	74-3250
Name of P	erson	Area Code	Daytime Telephone Number
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	□ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6101 S JOG ROAD, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _06/12/2012 and assigned Florida document number L12000078001 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **B&B FORMULATIONS LLC** The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
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		-	
			Add
			Remove

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JULY 14 2014	ffective date, if other than the date of filing:	(optional)
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