

(Re	questor's Name)	
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B. BOSTICK DEC 1 2 2013 EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Bb & M J 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:
Michael Rue Hu Name of Person
Bb & MJ LLC Firm/Company
3205 BEAUEZ PONO TRail
Ualrico, Fl 33596 City/State and Zip Code
BUEHLNANA & Hetmail. Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
B. Pauenc at (E13) 361-6339 12. 6  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  Certificate of Status  Certificate of Status  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

Bp: W2 FTG	
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on 6/14/2012 and assigned
Florida document number <u>L12 0000 7 9575</u>	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and end with the words "I	imited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."	minted Diability Company, the designation (EDC of the above viation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	3205 BEAVER PORO TRail
(Mailing address MAY BE A POST OFFICE BOX)	<u>Valnico</u> FI 33596
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address
Valn	City , Florida 33596 Zip Code
Now Desistant A and Clauston 16 Land Desistant Land	

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 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>	Name	Address	Type of Action
MGR	BRENDO G. P. WEHL	3205 Beaver Pono Tain	Add
		Valorco F1 33596	Remove
MGR	Mary J. Schneider	1011 8th St. 504h Farge N.D. 52403	
MUR	Michael RueHe	3205 BEAVER POND TO Valnico Fl 33596	
MUR	MARK Schneider	1011 S. 8th St. Fargs NO 58103	
		TALLAHOSSE COPIT	Add Remove
			Add
			_ Remove

ated Dec. / Sol3 Auto-	sary.)
ma Mula	
ma Mula	_ <del></del>
mm Water	
-MAZ	
Signature of a member or authorized representative of a member	
Michael RURIHL MARK 5	chneic
Typed or printed name of signee	

Filing Fee: \$25.00