112000081914

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Na	me)
(De	ocument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 30, 2017

ROBERT TILKA 3584 TRIDENT CT JACKSONVILLE, FL 32250

SUBJECT: WORKS OF B&B, LLC Ref. Number: L12000081914

We have received your document for WORKS OF B&B, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 917A00006163

COVER LETTER

TO:

TO: Registration Se Division of Cor			
WORKS O	FB&B, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ROBERT C TILKA		
		Name of Person	
	WORKS OF B & B, LLC		
		Firm/Company	
	3584 TRIDENT CT		
		Address	
	JACKSONVILLE BEACH	H, FL 32250	
		City/State and Zip Code	······································
	BTILKA@GMAIL.COM	10.0	
	·	to be used for future annual re	eport notification)
For further information co	oncerning this matter, please ca	all:	
ROBERT C TILKA		904 465- at ()	-5280
Name of	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	Certificate of Status &
\$ \$35.00 C Fe bray	Well ALREADE	(additional copy is enclosed) THERE VED THOM S (See a	Certified Copy (additional copy is enclosed) Habel (He)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registratio Division o Clifton Bu	f Corporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WORKS OF B & B, LLC	
(<u>Name of the Limited Liability Company as i</u> (A Florida Limited Liability	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number L12000081914	filed on 06/20/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Cor	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	5 3
Enter new mailing address, if applicable:	
	, 62
Training duniess mili DD /11 OST CT 11CL DO/1	į
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	nddress on our records, <u>enter the name of the nev</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida ity

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.

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>	<u>Address</u>	Type of Action
MGR	MAXWELL R TILKA	3584 TRIDENT CT	
		JACKSONVILLE BEACH, FL	■ Remove
		32250	Change
MGR	MGR DUNCAN A TILKA	3584 TRIDENT CT	
		JACKSONVILLE BEACH, FL	
		32250	
MGR	BARBARA R TILKA	SARA R TILKA 3584 TRIDENT CT	
		JACKSONVILLE BEACH, FL	□ Remove
		32250	☐ Change
			□Add
			PRemove
			□ Change
			Add
			. □ Remove
			☐ Change
			☐ Remove
			Change

	P 3
	C-27 *****
	•
tive date, if other than the date of filing:	(optional)
ffective date is listed, the date must be specific and cannot be prior to date at If the date inserted in this block does not meet the applicable state.	of filing or more than 90 days after filing.) Pursuant to 605.0 atutory filing requirements, this date will not be listed
ment's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an e e 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlie
f	
1_04/08/17	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00