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(Re	questor's Name)	
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## **COVER LETTER**

Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

TO:

SUBJECT: B&F Pr	operties 2, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Fred Gottlieb	
		Name of Person	
		B&F Properties 2, LLC	<u> </u>
		Firm/Company	
	202	25 NE 34th Court, Unit 2716	
		Address	<del></del>
		Aventura, FL 33180	
		City/State and Zip Code	
	fr E-mail address: (	eddgottlieb@gmail.com to be used for future annual report no	otification)
For further information c	oncerning this matter, please ca		
Fred Gottlie	b	at ( 305 )	785-3918
	f Person	at ( <u>305</u> ) Area Code Dayti	me 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 (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr	ING ADDRESS: ration Section on of Corporations	STREET/COUR Registration Sect Division of Corp	
	ox 6327	Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B&F Properties (Name of the Limited Liability Control of the Liability Control of t	2. LLC Company as it now appears on our records.) mited Liability Company)	
(A Florida Lii	nuted Liability Company)	
the Articles of Organization for this Limited Liability Com	npany were filed on12/26/2013	and assigned
lorida document number <u>L13000176962</u> .		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	f Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>3</u> 2
Principal office address MUST BE A STREET ADDRES	SS)	<u> </u>
***		
		\(\frac{1}{2}\)
nter new mailing address, if applicable:		AH /?
Mailing address MAY BE A POST OFFICE BOX)		
Mailing address MAT BE A POST OFFICE BOA)		<u> </u>
B. If amending the registered agent and/or register egistered agent and/or the new registered office address  Name of New Registered Agent:	<del>-</del>	iter the name of the
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Cuv	Zip Code

## 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>	Address	Type of Action
MGR	Brandy Pollack	1858 NW 141st Avenue, Pembroke Pines, FL	33028 □ Add
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			Change
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			☐ Change
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fective date, if other in effective date is listed, to ote: If the date inserted cument's effective date	the date must be spec d in this block doe:	ific and cannot be particles and the second	plicable statutor	ig or more than 90 da	( <b>optional)</b> ys after filing.) Pursu its, this date will n	iant to 605.0. of be listed
record specifies a The 90th day after	delayed effect the record is	tive date, but filed.	not an effect	cive time, at 12	2:01 a.m. on th	ne earlier
ited <u>June 25th</u>		<u> 2018</u>	<u> </u>			
	-1-"					

Page 3 of 3

Filing Fee: \$25.00