# 14000042-595

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# COVER LETTER

TO: Registration Se Division of Cor					
CUBINGS	B GIRL	S, LLC			
SUBJECT:		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:			
	R	obin Berman			
		Name of Person			
		Firm/Company			
	ВО	• •			
	P.U	. Box 290777			
			_		
		Davie, FL 33329	<del>)</del>		
		City/State and Zip Code		至 <sub>5</sub> 28	
		ncberman@gmail.com to be used for future annual report notifi			and w
For further information c	concerning this matter, please c	·	,	2014 MAR 26 SECRETARA ALLAHASSI	encaudi Primari
Robin Bern	nan	a. 954, 649-70	692		
Name o	f Person	Area Code Daytime	Telephone Number	PH 1: 29	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

## 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

B GIRLS, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000042595</u> .	were filed on 03/13/14	and assigned
This amendment is submitted to amend the following:	·	
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13950 East Palomino Drive	
(Principal office address MUST BE A STREET ADDRESS)	Southwest Ranches, FL 333	330
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	ffice address on our records, ente	er the name of the New
registered agent and/or the new registered office address here	<u>=</u>	N 26
Name of New Registered Agent:		THE IN
New Registered Office Address:	Enter Florida street address	
		<del></del> -
	, Florida	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address Type of Action	<u>n</u>
MGR	Josh Berman	333 Sunset Drive, Apt. 804	
		Fort Lauderdale, FL 33301	
MGRM	Joshua Berman	13950 E. Palomino Dr. <sub>■ Add</sub>	
		Southwest Ranches, FL 33330	
MGR	Robin Berman	333 Sunset Drive, Apt. 804	
		Fort. Lauderdale, FL. 33301	
		SEC.	
MGRM	Robin Berman	13950 E. Palomino Dr. Sg. F	1
		Southwest Ranches, FL 33330 Remove	
		; 29 ATE RIDA	
		□ Add	
		Remove	
		☐ Remove	

D.		mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E.	(The e	ctive date, if other than the date of filing:
	Date	ed 3/85/14
		Vignature of a member or authorized representative of a member
		Robin Berman
		Typed or printed name of signee

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Filing Fee: \$25.00

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