

L14666658495

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JUN 12 2014

J. BRUC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BBC LOGISTICS44 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:

YEVGENY STROCHILIN
Name of Person

BBC LOGISTICS44 LLC
Firm/Company

21456 CIRCLEWOOD AVE.
Address

PORT CHARLOTTE, FL 33952
City/State and Zip Code

bbccargo@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YEVGENY STROCHILIN OR IRINA STROCHILIN at (941) 249-4309
Name of Person 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
(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

2011 JUN -9 PM 2:58
TALLAHASSEE FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BBC Logistics 44 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 April 09, 2014 and assigned Florida document number L 14000058495.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

IRINA STROCHILIN

New Registered Office Address:

21456 Circlewood Ave.

Enter Florida street address

Port Charlotte

City

Florida

33952

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.

(IRINA STROCHILIN)
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:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
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MGR. (Manager)	YENGEY STROCHILIN	21456 Circlewood Ave. PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Add
	IRINA STROCHILIN	21456 Circlewood Ave PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Remove

AMBR. (Authorized Member)	IRINA STROCHILIN	21456 Circlewood Ave. PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

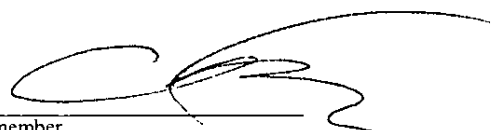
Dated June 7, 2014



Signature of a member or authorized representative of a member

YEVGENY STROCKHILIN

Typed or printed name of signee



IRINA STROCKHILIN

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Filing Fee: \$25.00

check N° 1053

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