## L14000107812

| (Re                                     | questor's Name)   |      |  |  |
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| PICK-UP                                 | WAIT              | MAIL |  |  |
| (Bu                                     | siness Entity Nar | ne)  |  |  |
| (Do                                     | cument Number)    |      |  |  |
| Certified Copies Certificates of Status |                   |      |  |  |
| Special Instructions to                 | Filing Officer:   |      |  |  |
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## COVER LETTER

|                | egistration Se<br>Division of Cor |  | •   |                    |                            |                        |
|----------------|-----------------------------------|--|---|--------------------|----------------------------|------------------------|
|                | B&BREA                            | ALTY LLC   |   |                    |                            |                        |
| SUBJECT        | l':                               | Name of Lim  | ited Liability Company  | <del></del>        |                            |                        |
| The enclos     | sed Articles of                   | Amendment and fee(s) are sub   | mitted for filing.  |                    |                            |                        |
| Please retu    | ırn all correspo                  | ondence concerning this matter   | to the following:   |                    |                            |                        |
|                |                                   | BARBARA LAMBERT  |   |                    |                            |                        |
|                |                                   |  | Name of Person  |                    | •                          |                        |
|                |                                   | JUSTIN-CRAIG LTD., IN  | C.  |                    |                            |                        |
|                |                                   |  | Firm/Company  |                    | •                          |                        |
|                |                                   | 3870 AMALFI DRIVE  |   |                    |                            |                        |
|                |                                   |  | Address   |                    | -                          |                        |
|                |                                   | HOLLYWOOD, FL 33021  | 1   |                    |                            |                        |
|                |                                   |  | City/State and Zip Code   |                    | -                          |                        |
|                |                                   | BARBARA.LAMBERT@0  |   |                    |                            |                        |
| For further    | r information c                   | e-mail address: (  | to be used for future annual report notificall:   | ation)             |                            |                        |
|                | A LAMBERT                         | -  | 954 989-7693<br>at ( )  |                    |                            |                        |
| Name of Person |                                   | f Person   |   | Telephone Number   | •                          |                        |
| Enclosed i     | 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)   | Certified          | te of Status &             | SECRETA<br>DIVISION OF |
|                | Registi<br>Divisio<br>P.O. B      | ING ADDRESS:<br>ration Section<br>on of Corporations<br>ox 6327<br>assee, FL 32314 | STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230 | ions<br>ter Circle | ARY OF STATE SSEE, FLORIDA | 44                     |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| B & B KEAL I Y LLC   |                                 |   |  | <u></u>                     |
|--|---------------------------------|---|--|-----------------------------|
| ( <u>Name of the Limited Liability</u><br>(A Florida L   | Company as it Limited Liability | now appears on our red<br>Company)        | cords.   |                             |
| The Articles of Organization for this Limited Liability Cor<br>Florida document number L14000107812  | ompany were fi                  | led on JULY 24, 201                       | 4  | and assigned                |
| This amendment is submitted to amend the following:  |                                 |   |  |                             |
| A. If amending name, enter the new name of the limite  | ed liability co                 | mpany here:                               |  |                             |
| The new name must be distinguishable and contain the words "Limite   | ted Liability Com               | pany," the designation "                  | LLC" or the abbrev                                   | iation "L.L.C."             |
| Enter new principal offices address, if applicable:  |                                 |   | ·  |                             |
| (Principal office address MUST BE A STREET ADDRE   | ESS)                            |   | <u></u>  |                             |
|  |                                 |   |  |                             |
|  |                                 |   |  |                             |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  |                                 |   |  |                             |
|  |                                 |   |  |                             |
| B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:   |                                 | ldress on our reco                        | ords, <u>enter the</u>                               | name of the new             |
|  | 1.5                             | •   |  |                             |
| New Registered Office Address:   |                                 | Enter Florida street aa                   | drass  |                             |
|  |                                 |   |  |                             |
| <del></del>  | Cit                             |   | , Florida  | Zip Code                    |
| Name Desirational Assessing Company of the province Desirational   | •                               | y   | 2  | .ip Code                    |
| New Registered Agent's Signature, if changing Registered   |                                 |   |  |                             |
| I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change. | mplete perfor<br>ent as provide | mance of my duties<br>ed for in Chapter 6 | s, and I am <b>eio</b> mi<br>05, F.S. O <b>G</b> (2) | liarwithand<br>ns becungsis |
|  | If Changing Re                  | gistered Agent, Signat                    | ure of New Resiste                                   | red 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          | NOMADE INVESTMENTS INC   | 230 NE 107 STREET                       |   |  |  |
|              |                          | MIAMI SHORES, FL 33161                  | □ Remove  |  |  |
|              |                          |   | Change  |  |  |
| AMBR         | FORTITUDE VENTURE LLC    | TUDE VENTURE LLC 230 NE 107 STREET      |   |  |  |
|              |                          | MIAMI SHORES, FL 33161                  | □ Remove  |  |  |
|              |                          |   | ☐ Change  |  |  |
| MGR          | WTM INVEST LLC           | 635 VIZNAR AVENUE                       | ■ Add   |  |  |
|              |                          | CORAL GABLES, FL 33143                  | Remove  |  |  |
|              |                          |   | □ Change  |  |  |
| MGR          | NOMADE CAPITAL GROUP INC | 230 NE 107 STREET                       | □ Add   |  |  |
|              |                          | MIAMI SHORES, FL 33161                  | Remove  |  |  |
|              |                          |   | Change  |  |  |
|              |                          | *************************************** | Add   |  |  |
|              |                          |   | SECRETARY OF STATE OF CORPORATIONS  WE JUNE 1 PM 2: 183  RECHETARY OF STATE  TALLAHASSEE. FLORIDA |  |  |
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|  |   |                                       | r change(s              |                |                 |               |  |                       |                        |  |
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|  | date, if other than   | e must be specific<br>us block does n | and cannot bot meet the | applicable sta | of filing or mo | re than 90 da | (optional)<br>ys after filing.<br>its, this date | ) Pursuant to         | o 605,02<br>: lísted : | 207 (3)(<br>as the   |
| an effecti ote: If t ocument erecore   | the date inserted in the date inserted in the case of the content | ayed effectiv                         | e date, bi              |                | ffective ti     | me, at 12     | :01 a.m.   | on the e              | arlier                 | of:  |
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| n effection of the second of t | the date inserted in the case of the case | ayed effective record is file         | e date, bued.  , 20     | ut not an e    | presentative q  | 7             | :01 a.m.   | on SECRETARY OF STATE | 15 J                   | SECRE LARY OF SIATE O |

Filing Fee: \$25.00