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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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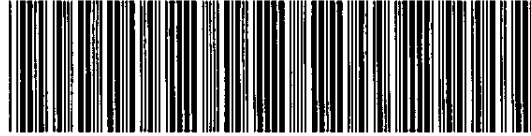
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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TALLAHASSEE, FLORIDA

JUN 02 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B & B REALTY 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:

BARBARA LAMBERT

Name of Person

JUSTIN-CRAIG LTD., INC.

Firm/Company

3870 AMALFI DRIVE

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

BARBARA.LAMBERT@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA LAMBERT

954 989-7693

at ()

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

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TALLAHASSEE, FLORIDA

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B & B REALTY LLC

The Articles of Organization for this Limited Liability Company were filed on JULY 24, 2014 and assigned Florida document number L14000107812.

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

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:

New Registered Office Address:

Enter Florida street address

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. Of 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>	<u>Type of Action</u>
MGR	NOMADE INVESTMENTS INC	230 NE 107 STREET	<input checked="" type="checkbox"/> Add
		MIAMI SHORES, FL 33161	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FORTITUDE VENTURE LLC	230 NE 107 STREET	<input checked="" type="checkbox"/> Add
		MIAMI SHORES, FL 33161	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WTM INVEST LLC	635 VIZNAR AVENUE	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33143	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NOMADE CAPITAL GROUP INC	230 NE 107 STREET	<input type="checkbox"/> Add
		MIAMI SHORES, FL 33161	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 26th, 2015

of a member

Typed or printed name of signee

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TALLAHASSEE, FLORIDA