400/60495

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COVER LETTER

TO: Registration Se Division of Cor			
BBM, LL	C		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Debbie Lee	_	
		Name of Person	
	Wyrough Law Firm I	PΑ	
		Firm/Company	
	30 South Shore Driv	/e	
		Address	
	Miramar Beach FL 3	32550	
		City/State and Zip Code	
	debbie-lee@embarq		
		to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	all:	
Debbie Lee		850 650-7797	
Name o	f Person		Felephone 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 Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle .
	e man a		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BBM, LLC		
(<u>Name of the Limited Liat</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L14000160495	Company were filed on October 14, 2014	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and end with the words '	"Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	3-1 3 7
Enter new mailing address, if applicable:		23.52.23
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		er the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action **Title** <u>Name</u> **Address** 605 Rippling Creek Cove, Niceville FL 3257 8 Add **AMBR** John Tondello □ Remove 605 Rippling Creek Cove, Niceville FL 3257 & Add Cathy G. Tondello **AMBR** □ Remove ☐ Remove □:Remove __ 🗆 Remove

□ Add

☐ Remove

	(optional) and cannot be more than 90 days after
he date this document is filed by the Florida Department of State) October 15 2014	(optional) and cannot be more than 90 days after
he date this document is filed by the Florida Department of State) October 15 2014	
ffective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receipt or filed date the date this document is filed by the Florida Department of State) October 15 Signature of a member by authorized re	

Page 3 of 3

Filing Fee: \$25.00