## L15000029S43

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	<del>?</del> #)
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## COVER LETTER

Division of Con			
VIVED SO SUBJECT:	DLUTIONS, LLC		
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DANIEL E. FERNANDEZ	Z	
	<del></del>	Name of Person	
	DANIEL E. FERNANDEZ	Z, P.A.	
		Firm/Company	
	7480 SW 40TH STREET,	SUITE 760	
		Address	<del> </del>
	MIAMI, FL 33155		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	DANIEL@DFERNANDEZ	LAW.COM to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	•	,
DANIEL E. FERNAND		305 264-0881 at ()	
Name (	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	ING ADDRESS:	STREET/COURT	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa	nv as it now appears on our re	cords.)		
	(A Florida Limited	iny as it now appears on our re Liability Company)			
The Articles of Organization for this Limited I	Liability Company	were filed on 2/10/2015		and assi	gned
Florida document number L15000029543	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:		, «=	
KBB VENTURES, LLC				7	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	'LLC" or the abbre		
Enter new principal offices address, if appli	cable:	433 SOUTH GEORGIA S	TREET 75	<u> </u>	
Principal office address MUST BE A STRE	ET ADDRESS)	AMARILLO, TX 79110		Þ	
			OR A		
			DA E	5	
Enter new mailing address, if applicable:		433 SOUTH GEORGIA S	TREET		
(Mailing address MAY BE A POST OFFICE BOX)		AMARILLO, TX 79110			
		<del> </del>			
B. If amending the registered agent and registered agent and/or the new registered of	office address her	<u>e</u> :	ords, <u>enter th</u>	e name	of the ne
Name of New Registered Agent:	DANIEL E. FE	RNANDEZ			
New Registered Office Address:	7480 SW 40TH	I STREET, SUITE 760			
	-	Enter Florida street ac	ddress		
	MIAMI		, Florida <sup>3315</sup>	5	
		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 Degistered Agent, Signature of New Egistered 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>	Name	Address	Type of Action
MGRM	EDWARD S. THOMAS	736 PINELLAS BAYWAY S	
		TIERRA VERDE, FL 33715	■ Remove
			☐ Change
MGR	BRIAN L. BROWN	4300 SOUTH GEORGIA STREET	Add
		AMARILLO, TX 79110	☐ Remove
			☐ Change
MGR	KATHLEEN J. BROWN	4300 SOUTH GEORGIA STREET	■ Add
		AMARILLO, TX 79110	□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			□ Add
		77-77-77-77-77-77-77-77-77-77-77-77-77-	□ Remove □ □ Change □ □ Adam
		ASSEF. FLORIDA	Admin

f amendin	g any other information, enter change(s) here: (a	Attach additional sheets, if ne	cessary.,	)	
				<del></del>	
<del></del>		<del></del>			<del></del>
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•					<u></u>
ote: If the	ate, if other than the date of filing:  c date is listed, the date must be specific and cannot be prior to de e date inserted in this block does not meet the applicable	(op ate of filing or more than 90 days aft statutory filing requirements, the	tional) er filing.) nis date v	Pursuant t	o 605.0207 e Iisted as
ocument's	effective date on the Department of State's records.				
e record	specifies a delayed effective date, but not a	n effective time at 12:01	am o	n the e	arlier of
The 90t	th day after the record is filed.	T GIVE CITYER COM	01		
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ated	- 9 f f , 4 C 3 /1.	7			
	1/W//////				
•	Signature of a member or authorize	ed representative of a member	) 	<b>C</b>	;
:	EDWARD S. THOMAS, MGRM		· 22	1175 1783	77
-	Typed or printed na	ame of signee	ASS SS		-
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