L500047587

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		·

· Office Use Only



600273800666

06/19/15--01015--020 **25.00

TILEU
SECRETARY OF STATE

JUN 2 2 2015 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BB Services of Limited Liability Company 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:		
Brittum Adding Name of Person		
BB Services of Tampa Bay UC		
572 PIVILLA BOUNE		
SI. Putty by G F 3707 City/State and Zip Code		
poservices fla amail. com		
E-mail address: (to be used for future annual report notification)	5	
For further information concerning this matter, please call:	NUL	7
Name of Person at (S) Area Code Daytime Telephone Number	 	
्राच्या है। सुरक्ष	팚	Ċ
Enclosed is a check for the following amount:	2: 49	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,		

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

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

Certificate of Status &

Certified Copy (additional copy is enclosed)

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 Limited Liability	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Day
(A FIORM	y Company as it now appears on Limited Liability Company)	our records.
The Articles of Organization for this Limited Liability Co	ompany were filed on 58 9	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDR</u>	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
maung address MAT BEAT OST OTTICE BOX		
B. If amending the registered agent and/or regist	tered office address on ou	ir records, enter the name of the new
B. If amending the registered agent and/or regist registered agent and/or the new registered office addroname of New Registered Agent:		ir records, enter the name of the new
registered agent and/or the new registered office addr	ress here:	
Name of New Registered Agent:		
Name of New Registered Agent:	ress here: Enter Florida	street address , Florida
Name of New Registered Agent: New Registered Office Address:	Enter Florida City	street address
Name of New Registered Agent:	City I Agent: and agree to act in this cap complete performance of my gent as provided for in Charled office address, I hereby of	street address , Florida Zip Code acity. I further agree to comply with the duties, and I am familiar with and pter 605, F.S. Or, if this document is confirm that the limited liability
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered agent a provisions of all statutes relative to the proper and concept the obligations of my position as registered agent ageing filed to merely reflect a change in the registered	City I Agent: and agree to act in this cap complete performance of my gent as provided for in Charled office address, I hereby of	street address, Florida Zip Code vacity. I further agree to comply with the values, and I am familiar with and pter 605, F.S. Or, if this document is confirm that the limited liability

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MOR	William J Stratten	US60 Simone Shares are	P□ Add
		Apollo Beach, F1 33572	Remove
		15012 Heronglen Br	
MUR	Beverley Redding	Lithia, FL 33547	7 Add
			□ Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change
		·	Remove
			Change T
			HO Add O
			Chánge — — — — — — — — — — — — — — — — — — —
			□ Change

		·
		
fective date, if other th	nan the date of filing:(o date must be specific and cannot be prior to date of filing or more than 90 days a	ptional)
ote: If the date inserted in	n this block does not meet the applicable statutory filing requirements,	this date will not be listed a
cument's effective date of	on the Department of State's records.	
	delayed effective date, but not an effective time, at 12:0	1 a.m. on the earlier
record specifies a d	he record is filed.	<i>t</i> ,
record specifies a d The 90th day after th		
The 90th day after the	17 2015	TANDA J
The 90th day after the	17. 2015.	S JUN -
The 90th day after the	17.205. RND WWW	DIRECTARY DE LE
e record specifies a d The 90th day after that ated	Signature of a member or authorized representative of a member	OFFICE SERVICES

Page 3 of 3

Filing Fee: \$25.00