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## **COVER LETTER**

TO: • Registration Se Division of Cor			
B.A.M.M.,	LLC		
SUBJECT:	Name of Lim	nited Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jeb T. Branham, Esq.		
		Name of Person	
		Firm/Company	<del></del>
	3500 3rd Street South		
		Address	
	Jacksonville Beach, Florid	la 32250	·
	alecbmorgan@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	concerning this matter, please ca	all:	
Jeb T. Branham, Esq.		904 339-0500 at ()_	
Name o	t Person	at () Area Code Daytime	· Telephone Number
Enclosed is a check for the	he 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2016 NOV.	ILED
TALLAHASSE	2 PM 3: 37 E. FLORIDE

B.A.M.M., LLC

	ida Limited Liability Company)	SSEE. FLORIDA
he Articles of Organization for this Limited Liability	Company were filed on September 28, 2015	and assigned
lorida document number L15000164201		
this amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
he new name must be distinguishable and contain the words "Li	imited Liability Company." the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		<del></del>
<u>Principal office address MUST BE A STREET ADL</u>	DRESS)	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		
		er the name of the i
		er the name of the r
		er the name of the r
egistered agent and/or the new registered office ad	ldress here:	er the name of the n
egistered agent and/or the new registered office ad  Name of New Registered Agent:		er the name of the n
	ldress here:	. <u></u>

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 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	Atlanta Buys Homes, LLC	PO Box 1398	□ Add
		Cumming. GA 30028	■ Remove
			Change
		<del></del> .	Add
			Remove SECRETARE FALLAHASS
		•	HASSEE. FLORIE
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n effective date is listed, the date mus	date of filing:  t be specific and cannot be prior to da  ock does not meet the applicable  epartment of State's records.	te of filing or more than 90 da	ys after filing.) Pursuant to 605.0207
record specifies a delayed The 90th day after the rec	l effective date, but not ar ord is filed.	n effective time, at 12	::01 a.m. on the earlier of
November I	. 2016		
/	Ullian Wolan	00002	

Page 3 of 3

Filing Fee: S25.00