1 L15000 181907

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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07/28/16--01012--026 **25.00

J. HARRIS

COVER LETTER

TO:	Registration'Se Division of Cor		·	
SUBJI	BBC Suppl			
30 D 01			ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	
		Bryce Berndt		
			Name of Person	
		BBC Supply, LLC		
			Firm/Company	
		1560 Central Ave #226		
		-	Address	
		St. Petersburg, FL 33705		
			City/State and Zip Code	
		bryce@bbcsupply.com		
		E-mail address: (t	to be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
Bryce	Berndt		at () Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
\$ 2:	5.00 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

BBC Supply, LLC		
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L15000181907	Company were filed on 10/26/15	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 contain the words "L	imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		.
(Principal office address MUST BE A STREET AD	DRESS)	
		<u> </u>
Enter new mailing address, if applicable:		
(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		ecords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t 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 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
MGRM	Christian Burmeister		5111 Atlantic Ct	☐ Add
			#102	■ Remove
			Cape Coral, FL 33904	Change
				Add
				Remove
				Change
				Add
				Remove
				Change
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cument's effective date on the D	Department of State's rec	ords.			
record specifies a delaye	d effective date, bu	t not an effecti	ve time, at 12:0	1 a.m. on the earli	ier (
The 90th day after the rec					
Inty 25	2016				
ted July 25		·	//		
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Page 3 of 3

Filing Fee: \$25.00