L16000022249

| (Rec | uestor's Name) | |
|---------------------------|-------------------|-------------|
| (Add | lress) | |
| (Add | Iress) | |
| (City | //State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nar | ne) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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16 JUN 27 AM 9: 09 SECNETANY OF STATE

1. HARRIS

COVER LETTER

| | al LLC | | |
|----------------------------|-----------------------------------|--|---|
| SUBJECT: | Name of Limit | ed Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are subm | nitted for filing. | |
| Please return all correspo | ondence concerning this matter to | o the following: | |
| | Robert P. Carter | | |
| | | Name of Person | Name of Person Firm/Company Address ty/State and Zip Code used for future annual report notification) at (|
| Name of Person | | | |
| | | Firm/Company | |
| | 25 Radcliffe Dr. | | |
| | | Address | |
| | Voorhees, NJ 08043 | | |
| | | City/State and Zip Code | |
| | | he used for future annual report notific | ration) |
| For further information of | | | |
| Bob Carter | | _ | |
| Name o | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| □ \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |

MAILING ADDRESS:

TO:

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 15, 2016

ROBERT P CARTER 25 RADCLIFFE DR VOORHEES, NJ 08043

SUBJECT: BDD GLOBAL LLC Ref. Number: L16000022249

2016 JUN 27 AM 3: 50

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We have received your document for BDD GLOBAL LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 116A00012554

SECRELARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BDD Global LLC | | | |
|---|--|--|-----------------------|
| (Name of the Llm | ited Liability Company as it now appears (A Florida Limited Liability Company) | on our records.) | |
| he Articles of Organization for this Limited I | | 1, 2016 and assign | ned |
| lorida document number L16000022249 | | | |
| his amendment is submitted to amend the fol | lowing: | | |
| . If amending name, enter the new name of | of the limited liability company her | re: | |
| he new name must be distinguishable and contain the | words "Limited Liability Company," the de | signation "LLC" or the abbreviation "L.L.C | 2." |
| nter new principal offices address, if appli | cable: | | |
| Principal office address MUST BE A STRE | ET ADDRESS) | | |
| | | AE TO | |
| | - | | - i.m.; 5 |
| | | 27 | دخماندان. المحمديم |
| nter new mailing address, if applicable: | | مي ليف | 77 |
| <u>Mailing address MAY BE A POST OFFICE</u> | <u> </u> | कड़ ह | |
| | | 9: 09 FLGRID | |
| | | | |
| 3. If amending the registered agent and | | our records, enter the name of | the |
| egistered agent and/or the new registered o | office address here: | | |
| Name of New Registered Agent: | L&L PARA LTD CO. | | |
| New Registered Office Address: | 27911 Crown Lake Blvd Suite 20 | l | |
| New Negistered Office Address. | Enter Flori | da street address | |
| | Bonita Springs | , Florida | |
| | City | Zin 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 |
|--------------|------------------|--------------------|----------------|
| MGR | Robert P. Carter | 25 Radcliffe Dr | □ Add |
| | | Voorhees, NJ 08043 | Remove |
| | | | ■ Change |
| | | | □ Add |
| | | | □ Remove |
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| D. If am | ending any other i | nformation, enter | change(s) here | : (Attach addit | ional sheets, if n | ecessary.) | |
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| (If an ef Note: | ive date, if other the fective date is listed, the lift the date inserted intent's effective date of | date must be specific a n this block does no | ind cannot be prior i t meet the applica | to date of filing or r able statutory filin | nore than 90 days af | otional) Her filing.) Pursuant to 605 his date will not be liste | 5.0207 (3)(b) ed as the |
| f the reb b) The | cord specifies a c 90th day after t | lelayed effective the record is filed | date, but not d. | an effective | time, at 12:01 | t a.m. on the earli | er of: |
| Dated | June 2 | | 2016 | | | 71. | |
| | | Signature of | a member or autho | rized representativ | e of a member | 16 JU | 470 44 |
| | Robert P. Carter | | a member of dutilo | nzea representativ | e of a montoer | 期27 | Transport |
| | - Carto | | Typed or printe | d name of signee | | /H 9: | i J |
| | | | Page | 3 of 3 | | 09 ATE RIDA | - |

Filing Fee: \$25.00