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(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Se Division of Con			
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SUBJECT: 15	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Alber	Name of Person	
	B+B Inv	Firm/Company	<u>C</u>
	1635 n. (Sarfield The Address	***************************************
	Delad F	City/State and Zip Code	
	E-mail address: (to be used for future affaual report notifi	cation)
For further information of	oncerning this matter, please ca	all:	
	f Person	at (38%) 73%- 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	□ \$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, FI 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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	ompany were filed on	2/10/2010	and assigned
Florida document number 110000034179	_ -		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," tl	he designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
Enter new mailing address, if applicable:	,		
(Mailing address MAY BE A POST OFFICE BOX)			7
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		on our records, ent	er the name of the new
Name of New Registered Agent:			<u> </u>
New Registered Office Address:	Enter i	Florida street address	
		. Florida	
	City		Zip Coule
New Designand Agent's Signature if shanging Designand	l Agent:		

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 $\bar{\imath}$ 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>	Name	Address	Type of Action
AMBIZ	Charity Barret		
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Page 3 of 3

Filing Fee: \$25.00