L16000046514

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE
DIVISION OF CORPORATION

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COVER LETTER

Division of Corporations BIG TEN ACQUISITIONS, LLC SUBJECT: 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: ANJNA ROY Name of Person Firm/Company 90 OCEAN BLVD. Address ATLANTIC BEACH, FL 32233 City/State and Zip Code chauhanlaw@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANJNA ROY 904 294-8898 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25,00 Filing Fee ■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

(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

BIG TEN ACQUISITIONS, LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited	my as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited Elorida document number L16000046514		were filed on $\frac{03/07/201}{}$	6 ar	nd assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
he new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:		11705 SAN JOSE BLV	D.	
Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>	STE. 103		
		JACKSONVILLE, FL	32223	SE S
Enter new mailing address, if applicable:				ON OF COR
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			OF STATE
3. If amending the registered agent and egistered agent and/or the new registered o			ecords, enter the na	ame of the n
Name of New Registered Agent:	ANJNA ROY			
New Registered Office Address:	140 8TH ST.			
		Enter Florida stree	et address	
	ATLANTIC BI	EACH	, Florida <u>32233</u>	
		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
MGR	MICHELE HARGREAVES	11705 SAN JOSE BLVD.	Add
		STE. 103	5
		JACKSONVILLE, FL 32223	
			Remove
			☐ Change
			
			□ Remove
			Change
			☐ Remove
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ocument's enective d	ate on the Department	or state's records.			
	a delayed effectiv er the record is file		an effective tim	e, at 12:01 a.m. c	on the earlier
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ned <u>August</u>	1 0	<u>d018</u> _	_ •		
V	Sanwata K	1 1 AMO			
			ized representative of		

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Filing Fee: \$25.00