L16000133990

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COVER LETTER

	rision of Corp				
SUBJECT:		ERTIES OF SOUTH FLORID	A LLC		
SOBJECT.	Name of Limited Liability Company				
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspoi	ndence concerning this matter t	to the following:		
		HECTOR DUQUE			
			Name of Person		
		BBT PROPERTIES OF SC	OUTH FLORIDA LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		175 SW 7TH ST, SUITE 1	410		
			Address		
		MIAMI,FL 33130			
			City/State and Zip Code		
		info@hectorduque.com			
		E-mail address: (1	o be used for future annual report notifica	ation)	
For further in	nformation co	ncerning this matter, please ca	ll:		
SABRINA S	SOTO		786 2101116		
	Name of	Person	Area Code Daytime T	elephone Number	
Enclosed is a	a check for the	e following amount:			
■ \$25.00 F	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

BBT PROPERTIES OF SOUTH FLO		
(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 Lial Florida document number L16000133990	bility Company were filed on 07/15/2016	and assigned
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the work Enter new principal offices address, if applical (Principal office address MUST BE A STREET)		he abbreviation I.L.C.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OX)	
B. If amending the registered agent and/or the new registered office	r registered office address on our records, <u>en</u> ce address here:	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City Florida	Zip Code
	City .	my cour

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
AMBR	SABRINA SOTO	2000 NE 135TH ST APT 411	B Add
		NORTH MIAMI, FL 33181	□ Remove
			Change
			☐ Add
			□ Remove
			☐ Change
			Add Remove
			Remove Change
			□ Remove
			Change
		 	Add
			□ Remove
			Change
			Add
			Remove
			□ Change

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rective date, if other than the date of filing: S/11/2017					
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Filing Fee: \$25.00