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## **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT:	PTAIN B! Name of Limit	S <u>LLC</u> ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	_Bogdan	a Collado Name of Person	<del> </del>
	JBA,	LLC Firm/Company	
	5558 FC	RCE FOUR Pa	rkway
	<u>Orlando</u>	FZ 32839 City/State and Zin Code	· · · · · · · · · · · · · · · · · · ·
	bcollo	FZ 32839 City/State and Zip Code 2088/6 @ 97 o be used for future annual report noti	nail. com
For further information con-	cerning this matter, please ca	II:	
Bogdana Name of Po	Collado	at ( <u>407)</u> <u>924</u> Area Code Daytim	7562 e Telephone Number
Enclosed is a check for the	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, 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

CAPTAIN B'S	LLC
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan	y were filed on 8/16/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
CAPTAIN BLLC CAPTAIN	$\mathcal{B}$ , LLC
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> re:
Name of New Registered Agent:	
New Registered Office Address:	n ni d
	Enter Florida street 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
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			□ Remove
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