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## **COVER LETTER**

TO: Registration So Division of Co			
SUBJECT: B	BE Propertie	s, LLC	
	Name of Lim	nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Eric	Ritchie Name of Person	
	BBE F	Properties, LLC Firm/Company	<del></del>
		Chestnut Rd	
	moli	no FL. 3257  City/State and Zip Code	7
For further information of	E-mail address: (	to be used for future aimual report notifi	cation) .
Eric A	litchiz f Person	at ( <b>850</b> ) <b>572</b> – Area Code Daytime	O 62 7 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, 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

	FIL	F. ,.
201	APR In	
TALLI	PAPR 10 PRETARY OF HASSEE, FI	Pf 1: 29
ords.)	MASSEE, FI	STATE ORIO

The Articles of Organization for this Limited Liability Company were filed on \_ Feb. 1, 2017 and assigned Florida document number <u>L 170000 2572 4</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MOR	Eric Ritchie	5370 Chestnut Rd	<b>D</b> ⁄Add
		5370 Chestnut Rd Molino, FL. 32577	Remove
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Signature of a member or authorized representative of a member	ated April 4	2017
Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00