

L17000058234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000297358
2017 APR 10 AM 10:43
TALLAHASSEE, FLORIDA

S Warren

APR 11 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: B & B CONDOS, LLC

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:

BYRON RIVADENEIRA

Name of Person

IRA FINANCIAL GROUP

Firm/Company

1688 MERIDIAN AVENUE, SUITE 504

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

LLC@IRAFINANCIALGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BYRON RIVADENEIRA

305 330-1525
at ()

Name of Person

Area Code

Daytime 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

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Notary Public

State of Florida

Commission Expires

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>	<u>Address</u>	<u>Type of Action</u>
MGR	SUSAN M. BRADLEY	5855 MIDNIGHT PASS RD, #733	<input type="checkbox"/> Add
		SARASOTA, FL. 34242 US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	VINCENT J. BATYR	27 N. BROADWAY	<input type="checkbox"/> Add
		TARRYTOWN, NY. 10591 US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

MAILING ADDRESS - 2953 BEE RIDGE RD, SARASOTA, FL 34239

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated APRIL 5

2017

Signature of a member or authorized representative of a member

ADAM BERGMAN

Typed or printed name of signee

SECRETARY OF STATE
TREASURY OF FLORIDA

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