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## **COVER LETTER**

Division of Cor				
SUBJECT:	BB/S E	ROULIQUE LLC lited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
		Pintou Badian Name of Person  S Bouti que		
	187 Carl	Firm/Company  (**Brinkley ein Address**	ve	
	Daytona Br Badiane binto	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	SECAL MASSE	7
For further information c	oncerning this matter, please ca	all:	<b>98 :</b> E FLC	<u></u>
Bintou B	adiane.  [Person	at (314) 56 Area Code Daytime	G 315 5 5 5 5 C Telephone Number	نبر د
Enclosed is a check for the	ne 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

(Name of the Limited Liability Com (A Florida Limite	npany as it how appears on our records.)
The Articles of Organization for this Limited Liability Comparison document number 1700071493	ny were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	LAE LE
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	FLOWIDA STATE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>enter the name of the new</u> <u>ere</u> :
Name of New Registered Agent:  New Registered Office Address:  Day	Bintou Baciane  F Carl Brinkpey circle  Enter Florida street address  Tona Beach Florida FL 38/1/4  City Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:
provisions of all statutes relative to the proper and comple	is provided for in Chapter 605, F.S. Or, if this document is

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
<u>owner</u>	Bintou Baciane	187 carl Brinkley dr.	CC 🗆 Add
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Note: If the date inserted i	an the date of filing:		
If the record specifies a (b) The 90th day after t	elayed effective date, but not an effection he record is filed.	ve time, at 12:01 a.m. on the earli	ier of
Dated July	10 2018.		
•	Signature of a member or authorized represent	ative of a member	
	Bintou Bacio Typed or printed name of signo	ne	

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Filing Fee: \$25.00