## L17000075642

(	Requestor's Name)
(	Address)
(	Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
- (	Business Entity Name)
- (	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:



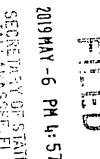


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## **COVER LETTER**

Div	ision of Corp	orations		
SUBJECT:	BBC SARAS	SOTA INVESTMENTS, LLC	2	
OBJECT:		Name of Lim	ited Liability Company	
The enclosed	EArticles of A	mendment and fee(s) are sub	mitted for filing	
		dence concerning this matter	<u>-</u>	
		GREGORY ORQUERA		
			Name of Person	
		ORQUERA FLORIDA IN	EVESTMENTS	
		<del></del>	Firm/Company	
		16 S ORANGE AVENUE		
			Address	<del></del>
		SARASOTA, FL 34236		
			City/State and Zip Code	
		contact@orqueraflorida.com	SARASOTA, FL 34236  City/State and Zip Code	/
		E-mail address: (	to be used for future annual report not	(lication)
For further in	nformation co	ncerning this matter, please c	all:	
GREGORY	ORQUERA		941 822-0949 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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)
	MAILIN	NG ADDRESS:	STREET/COUR!	IER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

TO:

**Registration Section** 

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BBC SARASOTA INVESTMENTS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 4/4/2017 The Articles of Organization for this Limited Liability Company were filed on April 3th, 2019 and assigned Florida document number L17000075642 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 "LLC." 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	BRUNO JEAN CLAMAN	16 S ORANGE AVENUE	
		SARASOTA, FL 34236	
			■ Remove
			☐ Change
		<del></del>	
		<del></del>	□ Remove
		<del></del>	□ Change
		<del></del>	
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Effectiv	e date, if ot	her than the dat	e of filing: _	<del></del> .			_ (optional)		5 030 <b>5</b>
Note: 1	f the date inse	erted in this block date on the Depar	does not meet	the applicab	date of filing of le statutory fi	ing requireme	ays after filing ents, this date	will not be list	ed as
		es a delayed ef fter the record		, but not a	an effective	e time, at 1	2:01 a.m.	on the earli	er of
Dated	Hay	ls C	· -	619					
_		•							
		Sign	ature of a mem	oer or authoriz	red representat	ve of a membe	•		
			-						
			140 80		name of signee				

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Filing Fee: \$25.00