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Y SULKER
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COVER LETTER

TO: Registration Secti Division of Corpo	on rations		
BBR SOLUT	HONS.LLC		
SUBJECT:	Name of Limited L	iability Company	
The enclosed Articles of A	mendment and fee(s) are submitte	ed for filing.	
Please return all correspon	dence concerning this matter to th	ne following:	
	BENJAMIN EISS		
		Name of Person	
	720 SW 18TH STREET	Firm/Company	
	720 3 W 1011 C	Address	
	BOCA RATON, FL 33486		
		City/State and Zip Code	
	DENCHERS@GMAIL.COM	1	
	E-mail address: (to	be used for future annual report notific	cation)
BENJAMIN EISS	concerning this matter, please call	1: 561 870-9158	Telephone Number
Name	of Person		
Enclosed is a check for ■ \$25.00 Filing Fee	the following amount: S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 lahassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive C Tallahassee, FL 3	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BBR SOLUTIONS, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.17000134523	were filed on06/20/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	720 SW 18TH STREET	
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FL	
(17 THE PART OF TH	33486	
Enter new mailing address, if applicable:	720 SW 18TH STREET	
(Mailing address MAY BE A POST OFFICE BOX)	BOCA RATON, FL	
	33486	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		the name of the ne
New Registered Office Address:	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 addor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			□ Change
			□ Add
			Change
			Remove 201 Change
			L CANAL
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		 _	□ Add
		<u>.</u>	□ Remove
			DAdd
			□ Remove
			Change

Effective date, if other than the date of filing: 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 605.02 More. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed adcounterly affective date on the Department of State's records. The poth day after the record is filed. Dated May 30 2019 Signature of a member or authorized representative of a member BENJAMIN EISS, MANG 22 E		
Effective date, if other than the date of filing:		
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Filing Fee: \$25.00