L17000163	3662
(Requestor's Name) (Address) (Address)	400304133854
(City/State/Zip/Phone #)	10/12/1701034002 **25.00
(Business Entity Name) (Document Number) ntified Copies Certificates of Status	FILED MIN OUT 12 P 2: 29 TALLARASSEE, FLORIDA
Office Use Only	
	D. SCOTT OCT 1 6 20;;

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Divisio	a of Corporations		
SUBJECT:	O-TOWN	BBC	LLC.
		of Limited Liability	

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



Name of Person

Enclosed is a check for the following amount:

S25.00 Filing Fee

Ant

TO:

Registration Section

□ \$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) 1

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

	F AMENDMENT TO	
	ORGANIZATION	
O-TOWN BBO	OF Q	
The Articles of Organization for this Limited Liability Compar Florida document number $L170001434$	ny were filed on 80117 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lis</u>	LLC.	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8929 LeeLand Archer Blud ORIANDO FL. 32836	•
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above.	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter-the name of the new</u>	
Name of New Registered Agent:	ne	
New Registered Office Address:	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agen	nt:	

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

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

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MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
<u></u>			Add
			Remove
			Change
			🗆 Add
			Remove
			Change
			🖸 Add
			D Remove
			Add T Add T Att C Remove
			🗆 Remove
			Change
		<u> </u>	□ ∧dd
			Remove
			Change

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

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fective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of fil	ing or more than 90 days after filing.) Pursuant to 605.02	207
ote: If the date inserted in this block does not meet the applicable statuto ocument's effective date on the Department of State's records.		as
sentent serverive date on the Department of State s (colds.		
	DE G	

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 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00