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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations			
	B & B1, LL	С			
SUBJECT:		Name of Lim	ited Liability Company		_
The enclosed	i Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Justin Zeig, Esq.			
-			Name of Person		
		Zeig Law Firm, PLLC			
			Firm/Company		
		3475 Sheridan Street, Suite	e 310		
			Address		
		Hollywood, FL 33021			
		Justin@zeiglawfirm.com	City/State and Zip Code		
		E-mail address: (to be used for future annual rep	port notification)	
For further is	nformation c	oncerning this matter, please ca	all:		
Justin Zeig	, Esq.		754 2173	3084	
	Name o	f Person	at () Area Code	Daytime Telephone Nu	mber
Enclosed is a	a check for th	ne following amount:			
■ \$25.00 F		☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cert sed) Cert	0 Filing Fee, ifficate of Status & ified Copy ional copy is enclosed)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	Registration	`Corporations	S:

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B & B1, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company velocida document number L17000208344	were filed on 10/09/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabil</u>	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2019 KNV
		7
Enter new mailing address, if applicable:		. 9
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
Maning united MAT BE A LOST OF FICE BOXY		· · · ·
		_ <u>:: </u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	_	ter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	ru, sta.	
	, Florid:	Zin 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, <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
Membe	Bickelim Family Revocable Trust	19604 Dinner Key Drive, Boca Raton, FL 33498	= Add
			Remove
			Change
			Add
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			Change
<u>_</u>			□ Add
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Effective date, if other than the call fan effective date is listed, the date must	late of filing:	ior to date of filing or mo	(optional) re than 90 days after filing.) Pursu	ant to 605.0207
Note: If the date inserted in this blo- document's effective date on the Dep	ck does not meet the app	licable statutory filing	requirements, this date will no	ot be listed as
document's effective date on the 15ep	variation of state 3 recor	u 3.		
ne record specifies a delayed The 90th day after the reco		not an effective ti	me, at 12:01 a.m. on th	ie earlier of
October 10th	2019			
Dated	· · · · · · · · · · · · · · · · · · ·	·		
	1/			

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Typed or printed name of signee

Filing Fee: \$25.00