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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CUDI	Bickel 3, LI	LC		
SOBJ	ECT:	Name of Lim	ited Liability Company	<del></del>
The e	nclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		Justin Zeig		
		- · · · · · · · · ·	Name of Person	11-3-3-4-4
		Zeig Law Firm, LLC		
			Firm/Company	
		3475 Sheridan Street, Suite	2 310	
			Address	
		Hollywood, FL 33021		
			City/State and Zip Code	
		bickelim1@gmail.com		
		E-mail address: (i	to be used for future annual report notifi-	cation)
For fu	rther information co	oncerning this matter, please co	all:	
Justin			at () 217-3084 Area Code Daytime	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
<b>■</b> \$3	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

Bickel 3, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company we	re filed on October 9, 2017	:	ınd assi	ន្ទែររ <b>់ពុំ</b> 
Florida document number L17000208351				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	company here:			
B & B 4, LLC				
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the	ne abbrevia	ition "L.1.	ç. Ý
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>
_		_		<u> </u>
Enter new mailing address, if applicable:		<del></del> .		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			<u>.</u>	
_				<del>                                     </del>
D. If amounting the assistant and analysis of the second and		<u>!</u>	& 	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, <u>en</u>	ter the	name o	i i
			•	
Name of New Registered Agent:		m <sub>s</sub> .	7	
			PM-2:	1.
New Registered Office Address:	Enter Florida street address	SIA	<del>-</del> <del>5</del> 9	1 1
	Planta			1
	, Florida	1	p Code	1 1
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office additionary has been notified in writing of this change.	rformance of my duties, and La vided for in Chapter 605, F.S.	ım famil Or. if thi	iar with 's docur	and nent is
				1 1

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
AMBR	Avraham Benjoseph	23293 Boca Chica Circle	■ Add
		Boca Raton, FL 33433	□ Remove
			Change
AMBR	Susan Benjoseph	23293 Boca Chica Circle	Add
		Boca Raton, FL 33433	□'Remove
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			Add
		<del></del>	□ Remove
			Change
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			FI Granger
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January 9		2018								
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Filing Fee: \$25.00