## L180000 22999

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## **COVER LETTER**

		istration Sec sion of Corp			•
C11D 1E7		BBG POIN	CIANA, LLC		
SUBJEC	-1; ,		Name of Lin	nited Liability Company	
The encl	osed	Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn	all correspoi	ndence concerning this matter	to the following:	
			FERNANDO BRAFF		
			BBG POINCIANA, LLC	Name of Person	<del></del>
			7065 WESTPOINTE BLVE	Firm/Company D. STE 102	<del></del>
			ORLANDO / FL / 32835	Address	
			FERNANDO.BBG.GROUP(	City/State and Zip Code @GMAIL.COM	
			E-mail address: (	(to be used for future annual report notif	ication)
For furth	er in	formation co	oncerning this matter, please c	all:	
FERNA	NDC	BRAFF		407 376-8804 at ()	
·		Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a	check for th	e following amount:		
<b>\$25.</b> 0	00 Fi	ling 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

BBG POINCIANA, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records nited Ltability Company)	
the Articles of Organization for this Limited Liability Complorida document number L18000022999		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u> </u>	
		7A S
		9 NO
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		2
		71. 23. pmg
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. If amending the registered agent and/or registere egistered agent and/or the new registered office address		enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street address	
	, Flor	
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u> BBG FLORIDA ENTERPRISE, LLC	Address 6807 EDGEWORTH DRIVE	Type of Action
MGR		ORLANDO, FL 32819	B Add
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ective date, if other th	06/01/2019 an the date of filing: (ontional)	
<u>te:</u> If the date inserted in	an the date of filing:	605.020 listed a
record specifies a d The 90th day after th	elayed effective date, but not an effective time, at 12:01 a.m. on the eane record is filed.	arlier (
JUNE 01	2019	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00