

L180000098613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

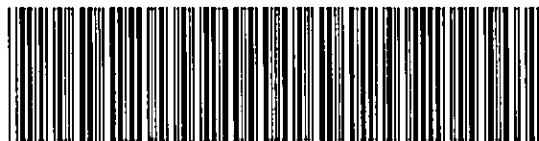
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SECRETARY OF STATE
TALLAHASSEE, FL

DEC 13 2018
S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2018

RODOLFO MANRIQUE
BBS GROUP SERVICES, LLC
4226 FOX RIDGE DR
WESTON, FL 33331

SUBJECT: BBS GROUP SERVICES, LLC
Ref. Number: L18000098613

We have received your document for BBS GROUP SERVICES, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 318A00021177

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BBE GROUP SERVICES, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

RODOLFO MANRIQUE

Name of Person

BBS GROUP SERVICES, LLC

Firm/Company

4226 FOX RIDGE DR

Address

WESTON, FL 33331

City/State and Zip Code

RODOLFOMANRIQUE@BBEGROUPSERVICES.COM

E-mail address: (to be used for future annual report notification)

2018 OCT 15 AM 9:56

For further information concerning this matter, please call:

RODOLFO MANRIQUE

954 900-1214
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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**

BBR GROUP SERVICES, 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 were filed on 04/19/2018 and assigned
Florida document number L18000098613

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

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

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STATE

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

THIS AMMENDMENT IS SUBMITTED TO AMMED ARTICLE III - OTHER PROVISION, IF ANY:

AS FOLLOW

ARTICLE III - PURPOSE:

DEVELOPMENT AND IMPLEMENTATION OF PLANS , POLICIES, PROCEDURES, AND ANY OTHER
MECHANISM FOR INDUSTRIAL, COMMERCIAL, AND RESIDENTIAL VULNERABILITY
MANAGEMENT, PROVIDE SERVICES IN THE CONSTRUCTION INDUSTRY AND OTHER RELATED
INDUSTRIES, AND OTHER COMMERCIAL, PROFESSIONAL, AND LAWFUL BUSINESS
IN THE UNITED STATES.

E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 OCTOBER 9th 2018

Rodolfo Manrique

Signature of a member or authorized representative of a member

RODOLFO MANRIQUE

Typed or printed name of signer

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CLERK OF STATE
TALLAHASSEE, FL