

48000120330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

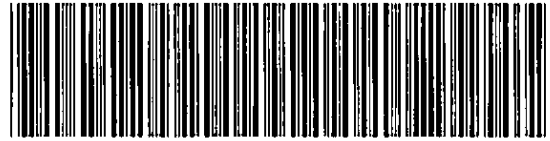
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only



600315224226

07/05/18--01011--008 **\$2.50

03/26/18--01020--006 **\$7.50

FILED
18 SEP 21 PM 4:10

MS
SEP 21 2018

BB Connection, LLC

5645 Coral Ridge Drive, #459 | (786) 490 - 7559 | Info@FlippingShirts.com

September 19, 2018

Ms. Octavia
Sunbiz.org
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

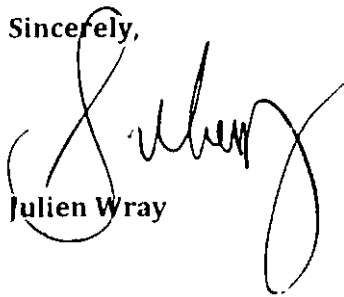
LETTER NUMBER: 118A00014054

Dear Ms. Octavia :

Hi and good day to you. I spoke with your colleagues who informed me to submit the proper form along with the balance of \$7.50. As I mentioned to them, we did not receive the letter sent to 11825 Island Lakes Ln, Boca Raton, FL 33498.

Thank you in advance for your time and attention.

Sincerely,


Julien Wray

RECEIVED
SEP 21 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BB Connection, 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:

Julien Wray

Name of Person

Firm/Company

5645 Coral Ridge Drive, #459

Address

Coral Springs, FL 33076

City/State and Zip Code

jaywray008@gmail.com

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

For further information concerning this matter, please call:

Julien Wray

786

693 - 2033

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)

\$47.50 (Balance Included)

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**

BB Connection, 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 05/14/2018 and assigned
Florida document number L18000120330

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5645 Coral Ridge Drive, #459

(Principal office address MUST BE A STREET ADDRESS)

Coral Springs, FL 33076

Enter new mailing address, if applicable:

5645 Coral Ridge Drive, #459

(Mailing address MAY BE A POST OFFICE BOX)

Coral Springs, FL 33076

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

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>
MGR	O'REGGIO, SANDRA	8825 RAMBLEWOOD DR, 1505, Coral Springs, FL 3376	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

FILED
SEP 21 PM 4 10
18

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 September 19, 0, 2018

Signature of a member or authorized representative of a member

Julien S.A. Wray

Typed or printed name of signee