## 18000 142501

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2019 JAN -2 PH 4: 20

C. GOLDEN JAN 1 1 2019

## **COVER LETTER**

TO: Registration Se Division of Cor			
	ELOPERS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub-	<u>-</u>	
rease return an correspo	Michael Kadoch	to the following.	
	Michael R. Kadoch, P.A.	Name of Person	
	7501 NW 4th Street #204	Firm/Company	<del></del>
	Plantation, FL 33317	Address	
	yoav69600@gmail.com	City/State and Zip Code	
For further information s	E-mail address; (concerning this matter, please ea	to be used for future annual report not all:	ification)
Michael Kadoch		954 713-9423	
Name (	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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

FILED

BBB Developers LLC

2019 JAN -2 PM 4: 20

(Name of the Limited Liability Com (A Florida Limited)	pany as it now appears on our record I Liability Company)	s) — HALLAHASSEE, FL	
The Articles of Organization for this Limited Liability Compan	y were filed on 6/08/2018	and assigned	
Florida document number L18000142501			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Lia	pility Company," the designation "LLC	" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		s, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
New Registere Office Address.	Enter Florida street addres	s	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my duties, ar s provided for in Chapter 605, .	nd I am familiar with and F.S. Or, if this document is	

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>	Type of Action
AMBR	East Trust Capital LLC	10984 GOLDEN EAGLE COURT	
		Plantation, FL 33324	
			■ Remove
		<del></del>	Change
AMBR	HYB Holding LLC	1009 7 Cleary Blvd	🏒 Add
		Suite 400	Remove
		Plantation, FL 33324	Change
			Remove
			Change
			Add
			Remove
			Change
		<del></del>	
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			Change
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	st be specific and cannot book does not meet the	be prior to date of filing or r applicable statutory filia	(optional) nore than 90 days after filing.) Pugg requirements, this date will	rsuant to 605.0207 (3 I not be listed as th
the record specifies a delayed ) The 90th day after the rec	d effective date, b ord is filed.	ut not an effective	time, at 12:01 a.m. on	the earlier of:
Dated December 5th	2018			
-11	<u> </u>	 フ		
	de la companya dela companya dela companya dela companya de la com			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00