

4800174264

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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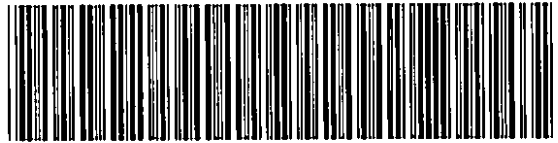
(Business Entity Name)

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REGISTRARS
AUG 02 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G3 BB, 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:

David S. Fursteller, Esq.
Name of Person
Furst Law Group, P.A.
Firm/Company
9310 Old Kings Road S., Suite 701
Address
Jacksonville, Florida 32257
City/State and Zip Code
David@jaxattys.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David S. Fursteller, Esq. 904 448-5552
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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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	SHERRY L. ALLEN	P.O. BOX 351483	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32235	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WILLIAM G. ALLEN	P.O. BOX 351483	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32235	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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 7/24/2018

Grayson Allen
Signature of a member or authorized representative of a member

Grayson allen

Typed or printed name of signee