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2018 2018

COVER LETTER

		BBB, LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence 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 322	257	
	David@jaxattys.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	ration)
For further information	concerning this matter, please c	all:	
David S. Fursteller, E	Esq.	904 448-5552 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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

G3 BB.	LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company torida document numberL18000174264	were filed on	July 19, 2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	re:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the d	esignation "LLC" or the a	hbreviation "L.L.C."
Enter new principal offices address, if applicable:		î r	- (5) - - 2 2 -
Principal office address MUST BE A STREET ADDRESS)			S TE
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>			D S: 55 PH S: 55 PF LORDA
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address her 		our records, enter	the name of the
	_		
Name of New Registered Agent:			
New Registered Office Address:	Est in El in	ida street address	
	Enter Pior	aa mreet aaaress	
	/ 1/a	, Florida	Zip Code
	City		гяр с оае

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SHERRY L. ALLEN	P.O. BOX 351483	
		JACKSONVILLE, FL 32235	■ Remove
			Change
MGR	WILLIAM G. ALLEN	P.O. BOX 351483	□ Add
		JACKSONVILLE, FL 32235	■ Remove
			Change
			18 Remove SECRETARY OF A SECRETARY OF A
			PLORIDA SS Remove
			Change
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			□ Remove
			Change
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		-1	□ Remove
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f an effective <u>Note:</u> If the	ate, if other than the date of filing:	
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earn day after the record is filed.	lier of
Dated	7/24/2018	
	Drayon allen	
	Signature of a member authorized representative of a member	

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Filing Fee: \$25.00