118000 268441

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/:	State/Zip/Phone	 e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	me)
(Docu	ıment Number)	·
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



500322075115

12/21/18--01019--004 **25.00



JAY 0 9 2313 C. MCNAIR

COVER LETTER

TO:	Registration Section Division of Corporations				
end ie	BB S	t. Augusi	tine, LLC		Programme of the second
SUBJE	C1:		Name of Limi	ted Liability Company	75.7. 24
The enc	losed Artic	les of An	nendment and fee(s) are subt	nitted for filing.	PRINTER OF STATE OF THE STATE O
			ence concerning this matter		
			Abigail Watts-FitzGerald		
				Name of Person	
			Devine Goodman Rasco &	Watts-FitzGerald, LLP	
				Firm/Company	 _
			2800 Ponce de Leon Boule		
			Address		
			Coral Gables, Florida 3313	4	
				City/State and Zip Code	
			awf@devinegoodman.com E-mail address: (1	o be used for future annual report notific	cation)
For furt	her informa	ation con	cerning this matter, please ca		
Abigail	Watts-Fitz	:Gerald		305 374-8200 at ()	
	۸	Name of P	erson		Telephone Number
Enclose	d is a check	k for the	following amount:		
\$25	.00 Filing I	řec	□ \$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)
	H	Registrati	G ADDRESS: ion Section of Corporations	STREET/COURIE Registration Section Division of Corpora	

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BB St. Augustine, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	November 16, 2018	
The Articles of Organization for this Limited Liability Company	were filed on Trotelline 19, 2011	and assigned
Florida document number L18000268441		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
BB St. Augustine Beach, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
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 of registered agent and/or the new registered office address here Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	<u> </u>
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am foorovided for in Chapter 605, F.S. Or,	imiliar with and if this document is
If Chai	nging Registered Agent, Signature of New Res	eistered 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>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
		<u>-</u>	
			Change
			A dd
			Remove
			Change
			П Remove
			Change
			Remove
			□ Change

_	
-	
-	
_	
_	
-	
_	
-	
_	
_	
-	
-	
_	
_	
-	
Effecti	ve date, if other than the date of filing:
Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	December 17 , 2018.
	C MO :
	Signature of a member of authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00