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(Re	questor's Name)	
bA)	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration Se Division of Cor		* * * * *	
CUDI		ty Solutions, LLC	•	
SUBJ	ЕСТ:	Name of Lim	ited Liability Company	
The er	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Ariel Rollins		
			Name of Person	
		BFF Property Solutions, L	LC	
			Firm/Company	
		2527 Earlswood Court		
			Address	
		Brandon, FL 33510		
			City/State and Zip Code	
		arielarollins@gmail.com		J
		E-mail address: (to be used for future annual report noti	fication)
For fu	rther information c	oncerning this matter, please co	all:	
LaQu	ita Scott		985 7095109 at ()	
	Name o	l Person	Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ S2	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

BFF Property Solutions, 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 12/04/18 and assigned Florida document number L18000279412 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 "LLC" or the abbreviation "LLC." 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 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 Citr 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

MGR = N $AMBR = A$	lanager Authorized Member		
<u>Title</u> MGR	<u>Name</u> LaQuita Scott	Address 2527 Earlswood Court Brandm FL 33510	Type of Action Add
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	1/9/19 at 12:01 a	m.	
etive date, if other than the effective date is listed, the date must lift the date inserted in this blument's effective date on the D	ock does not meet the applicable s	(optional) c of filing or more than 90 days after filing tatutory filing requirements, this date	.) Pursuant to 605. will not be liste
ecord specifies a delayed e 90th day after the rec		effective time, at 12:01 a.m.	on the earlie
January 9	2019		
Lalent	a Scott		
	Signature of a member or authorized	representative of a member	
LaQuita Scott			

Page 3 of 3

Filing Fee: \$25.00