

L19000055451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

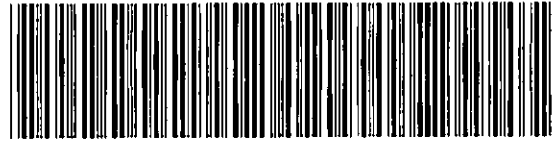
(Business Entity Name)

(Document Number)

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SECT. CLERK OF STATE
HALL OF RECORDS, FL

AS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BB CLIENT SERVICES OF FLORIDA, 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:

EDWARD J ROSERO

Name of Person

Firm/Company

9610 LABELLE CT

Address

DELRAY BEACH, FL 33446

City/State and Zip Code

EROSERO@EXPMGNT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWARD J ROSERO

at (732) 9157755

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BB CLIENT SERVICES OF FLORIDA, 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 MARCH 5, 2019 and assigned
Florida document number L19000055451.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9610 LABELLE CT

DELRAY BEACH, FL 33446

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9610 LABELLE CT

DELRAY BEACH, FL 33446

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:

EDWARD J ROSERO

New Registered Office Address:

9610 LABELLE CT

Enter Florida street address

DELRAY BEACH

City

Florida 33446

Zip Code

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.

(Signature)
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>	<u>Type of Action</u>
AMBR	RONALD LUBIN	801 NORTH CONGRESS AVENUE, SPACE #753	<input type="checkbox"/> Add
		BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EDWARD ROSERO	9610 LABELLE CT	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33446	<input type="checkbox"/> Remove
		(ADDRESS CHANGE)	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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SECRETARY OF STATE
TALLAHASSEE, FL

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(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)

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 January 30, 2023

Signature of a member or authorized representative of a member

Edward Rosero

Typed or printed name of signee

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STATE OF STATE
TALL: [REDACTED]

7-11-68