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COVER LETTER

EUD IEZT.	3BQ Florid	a, LEC			
SUBJECT: _		Name of Lim	ited Liability Company		
The enclosed A	Articles of a	Amendment and fec(s) are sub	mitted for filing.		
Please return a	ll correspo	ndence concerning this matter	to the following:		
		Shivon Patel, Esq.			
			Name of Person		
		The Principal Law Firm, P	'.L.		
Firm/Company				<u> </u>	
	4907 International Parkway Suite 1061				
			Address		
		Sanford, FL 32771			
		City/State and Zip Code			
		ajay.dharna@gmail.com			
		E-mail address: (to be used for future annual report notif	ication)	
For further info	ormation co	oncerning this matter, please ca	all:		
Shivon Patel, I	Esq.		407 322-3003		
Name of Person			Telephone Number		
Enclosed is a c	heck for th	e following amount:			
■ \$25,00 Fili	ing 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 TOARTICLES OF ORGANIZATION

2519 (C) 15 PH 1:48 BBO 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 May 1, 2019 and assigned Florida document number ____19000117808 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

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

____, Florida ____

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
AMBR	Ajay Dharna	8040 Townes Way	
		Richmond Heights, MO 63117	
			☐ Remove
			■ Change
AMBR	Anil Dharna	3703 S Atlantic Ave Unit 602	
		Daytona Beach, FL 32118	B Add
			Remove
			☐ Change
AMBR	Sailesh Patel	3752 Southern Hills Drive	■ Add
		Jacksonville, FL 32225	
			Remove
			Change
AMBR	Harinder Singh	7927 Forsyth Blvd.	∃ Add
		Clayton, MO 63105	
			□ Remove
			□ Change
			□ Remove
			Change
			□ Remove
			Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an ef <u>Note:</u>	(optional) fective 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)the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	cord 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	8 OCTOBER 2019.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee

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Filing Fee: \$25.00