119000 123060

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fit	ling Officer:	

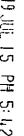
Office Use Only

1092- 6206-2575



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C. GOLDEN JUL 1 7 2019

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: B	SMF LLC Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Claudia	Selene Ran	105
	BB	MF LL C	
	9901 H	idden River Dr Address	. Apt. 205
		32829 City/State and Zip Code	
	BBMF E-mail address: (USA & GMAIL - CO	2M ication)
For further information of	oncerning this matter, please co	nH:	
Clav d	iq S. Ramos of Person	at (407) 353 Area Code Daytime	0742 Telephone Number
Enclosed is a check for t	he following amount:		
tx \$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:

TO:

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



June 25, 2019

CLAUDIA SELENE RAMOS 9901 HIDDEN RIVER DRIVE APT. 205 ORLANDO, FL 32829

SUBJECT: BBMF LLC

Ref. Number: L19000123060

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must be signed by a member or an authorized representative of a member.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 019A00012888

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BBMF LLC	
(Name of the Limited Liability Company as it now appears on our records.) - (A Florida Limited Liability Company)	2019 JUL 15 PM 5: 42
The Articles of Organization for this Limited Liability Company were filed on 05/06/2019 and a Florida document number 1900/23060	ssigned
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 " Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	L.IC.**
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 registered agent and/or the new registered office address here:	e of the new
Name of New Registered Agent: Claudia Selene Ramos	
New Registered Office Address: 9901 Hidden Rives Dr. Apt. 20 Enter Florida street address	5
Orlando Florida 3280	29

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

Page 1 of 3

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>	Name	Address	Type of Action	
MGR	Claudia Selene Ramos	9901 Hidden River Dr. Aft Orlando FL 32829	20 Add X	
		Orlando FL 32829	Remove	
			Change	
				
		Remove		
			☐ Change	
			D Add	
		-	□ Remove	
		O Change		
			D Add	
			Remove	
			Change	
		D Add		
		C Remove		
		□ Change		
		D Add		
			🖸 Remove	
			CI Channel	

	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
1 1	eed to add myself to "Authorized Persons"
<u>-to</u>	manage and needs to show on sunbiz.org
for	me to open business bank account.
	
·	
 .	
	
	
	
	
(If an effective date is <u>Note:</u> If the date	if other than the date of filing: (optional) 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 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 in this block does not meet the applicable statutory filing requirements, this date will not be listed as the stive date on the Department of State's records.
f the record spec b) The 90th da	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: by after the record is filed.
Dated 07/	112/2019
	Signature of a member of authorized representative of aumember
	Claudia Selene Ramos Typed or printed manne of signer.

Page 3 of 3

Filing Fee: \$25.00