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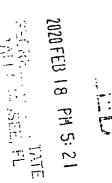
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:	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:	
	Judith A. Geiger		
		Name of Person	
	Name of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:    Judith A. Geiger		
	P.O. Box 145		
		Address	
	Lacoochee, FL 33537		
		City/State and Zip Code	
	•		
	E-mail address: (	to be used for future annual report noti	ification)
For further information c	oncerning this matter, please ca	alt:	
Judith A. Geiger			
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	<del>-</del>	Certified Copy	Certificate of Status & Certified Copy
			ction
Division of C	Corporations	Division of Cor	rporations
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BBB 16225, 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  $\frac{12/18/2019}{1}$ and assigned Florida document number L20000001324 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 abbreviati Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) P.O. Box 145 Enter new mailing address, if applicable: Lacoochee, FL 33537 (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.

City

\_, Florida \_\_

If amonding 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>	Type of Action
MGR	Brooke A. Anthony	5234 19th Ave N.	
		St. Petersburg, FL 33710	■Remove
			□Change
MGR	1GR Judith A. Geiger	P.O. Box 145	<b>■</b> Add
		Lacoochee, FL 33537	□Remove
			20 PE hange
			PH P
			□Remove
			Change
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effective date is listed, the date mu	ist be specific and cannot be prior to block does not meet the applicable	date of filing or more than 90 c	lays after filing.)Pursuant to 6	505.020 isted a:
ument's effective date on the I		, , ,		
cord specifies a delayed effecti s filed.	ve date, but not an effective time	, at 12:01 a.m. on the earli	er of: (b) The 90th day a	fter the
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