L200000 65861

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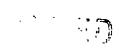
COVER LETTER

TO:

TO: Registration So Division of Cor			
	B DEVELOPEMENT SERVI	CES LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	andence concerning this matter	to the following:	
	Bonita Butler		
	-	Name of Person	***************************************
		Firm/Company	
	931 Marina Drive		
		Address	
	Panama City, FI 32407		
	bbutler2137@gmail.com	City/State and Zip Code	
Francisco de Companyo de Compa		to be used for future annual report not	ification)
	oncerning this matter, please c		
Bonita Butler		850 338-2503 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for th	ne 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 Addres		<u>Street Address:</u> Registration Sc	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 632		The Centre of	•
Tallahassee, I	FL 32314	2415 N. Monre	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2025 H 1 23 AH 10: 27

B & B JOB DEVELOPEMENT SERVICES 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 Co	ompany were filed on <u>02/27/2020</u>	and assigned
Florida document number L20000065861		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
B & B JOB DEVELOPMENT SERVICES LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESSS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, enter	
New Registered Office Address:		
New Neglacies Office Address.	Enter Florida street addre	'NS
	. F	lorida
	Cuy	lorida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, a ent as provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is
	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>	Address	Type of Action
			□Add
			□Remove
			🗖 Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

please update	name to B & B JOB DEV	ELOPMENT SEF	RVICES LLC, Thanl	K you	
					
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		·			
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effective date is list <u>e:</u> If the date inse	ter than the date of filing d, the date must be specific and rted in this block does not m late on the Department of St	cannot be prior to dat seet the applicable s			
cord specifies a de filed.	ayed effective date, but not a	an effective time, a	it 12:01 a.m. on the e	arlier of: (b) The 90a	h day after the
d Marc	h19 3	200			
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Filing Fee: \$25.00