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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: B.K.B. Services  Name of Limited Liability Con	LLC
Name of Limited Liability Cor	npany 70 %.
The enclosed Articles of Amendment and fee(s) are submitted for filing	Clerro-S
Please return all correspondence concerning this matter to the following	g: ————————————————————————————————————
Chr Stophe-	Clemo-5
B. K. B. Service	ppany LLC
1361 Beacon	<u>C:</u>
Wellington City/State and	El O gars, 1. Con ure annual report notification)
E-mail address: (to be used for fut	210 gms. 1. Con
For further information concerning this matter, please call:	·
Christopher Clemons at 93 Name of Person Area	Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 F \\ Certificate of Status \$\Bigcup \$candidational \\ (additional \)	<del>-</del>
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

, pm.o			•
ARTIC	LES OF ORGANIZ OF	LATION	and assigned
	Or		- The state of the
B.K.B.	Services L	<u>'</u> -(-	
(Name of the Limited	Liability Company as it now ap Florida Limited Liability Compa	pears on our records.)	<i>A</i>
		<u>-1                                    </u>	<b>X</b> , O <sub>C</sub>
The Articles of Organization for this Limited Liabs	ility Company were filed or	5/1/20	and assigned
Florida document number <u>L20000   1803</u>	<u>. 4</u>		
This amendment is submitted to amend the follow	ing:		
A. If amonding name entar the new name of th	o limited liability compan	v home	
A. If amending name, enter the new name of th	e iimited iiabinty toiirpan	y nere.	
The new name must be distinguishable and contain the word	s "Limited Liability Company,"	the designation "LLC" or the abb	previation "L.L.C."
E-A		•	
Enter new principal offices address, if applicable	<del></del>	<del></del>	
(Principal office address MUST BE A STREET A	<u>IDDKESS)</u>		
	_		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or regi	stered office address on o	ur records, enter the name	of the new registe
agent and/or the new registered office address h	<u>ere</u> :		·
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street address	
_		, Florida	
	City		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 t 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Christopher Clemons	1361 Beacon Cir.	Add
		Wellington, Fl. 33414	□Remove
			Change
			□Add
			□ Remove
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effective te: If the	date is listed, the deduction date inserted in	an the date of fil late must be specific this block does no the Department of	and cannot be pot meet the ap	plicable statuto	ing or more than 9		g.) Pursuant to 605	
cord spe s filed.	cifies a delayed e	effective date, but	not an effecti	ve time, at 12:0	l a.m. on the ea	rlier of: (b)	The 90th day afte	er the
	iaa	了班	. 20	20				
ed	May	/						
ed	May				entative of a mem	ber		