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| Special Instructions to Filing Officer: |
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| SUBJE | C1: | Name of Lim | nited Liability Company | · |
| The enc | losed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please re | eturn all correspo | ondence concerning this matter | to the following: | |
| | | MAURICIO GARCIA | | |
| | | | Name of Person | |
| | | BBGH, LLC. | | |
| | | | Firm/Company | Telephone Number S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose) |
| | | 2731 NW 107 TERR | | |
| | | | me of Limited Liability Company s) are submitted for filing. is matter to the following: RCIA Name of Person Firm/Company RR Address 322 City/State and Zip Code address: (to be used for future annual report notification) please call: 954 Area Code Daytime Telephone Number ee & Certified Copy (Certificate of Status (Certified Copy) (additional copy is enclosed) Certified Copy (Certified Copy) (Certified Copy) | |
| | | SUNRISE, FL 33322 | | |
| | | | City/State and Zip Code | |
| | | mg@mglawtl.com | | |
| | | E-mail address: (| to be used for future annual report noti | fication) |
| For furth | her information o | concerning this matter, please c | att: | |
| MAUR | ICIO GARCIA | | | |
| Name of Person | | | Area Code Daytim | e Telephone Number |
| Enclosed | d is a check for t | he following amount: | | |
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| | Mailing Addres | | | ation |
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| | P.O. Box 632 | | The Centre of T | - |
| | Tallahassee | FI 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BBGH, LLC. | · · · · · · · · · · · · · · · · · · · | |
|---|---|------------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | ny as it now appears on our records.) Liability Company) | |
| he Articles of Organization for this Limited Liability Company | were filed on <u>6/26/2020</u> | and assigned |
| orida document number 1.20000179235 | | |
| nis amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited liab | ility company here: | |
| he new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| Inter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
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| | | |
| 3. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter th</u> | ie name of the new regist |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| New registered Office Address. | Enter Florida street address | |
| | Flor | ida |
| | 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 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

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

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u> | Address 5: 2 | Type of Action |
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| <u>lote:</u> If th | late, if other e date is listed, t e date inserted s effective date | I in this bloc | rk does not | meet the a | pplicable sta | of filing or mo tutory filing | re than 90 days requirement | s after filings, this dat | g.) Pursuant to e will not be | 605,0207 (listed as t |
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