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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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OCT 13 2021 I ALBRITTON

COVER LETTER

TO: Registration Se Division of Cor		
SUBJECT:	BBOFFICE	LIC
		ed Liability Company
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.
Please return all correspo	ndence concerning this matter to	o the following:
	GUSTAVO	BERENBUM
		Name of Person
	BB OFFI	Firm/Company
		Firm/Company
	215 EAS!	TENIO DEIUE Address
		Address
	MIAMI / F	-L 33149
	(16) =	City/State and Zip Code BAMIAMI, WM
	600 B	DAMIAMI. WM
	h-mail address; (to	be used for future annual report notification)
For further information c	oncerning this matter, please ca	II:
6USTANO B	<i>ELENBLUM</i>	ar (305) 331 - 8076
	f Person	Area Code Daytime Telephone Number
Enclosed is a check for th	ne following amount:	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	CHECK HA	3 ALREADY BEEN SUBMITTED
	REFER TO	COVER LETTER.
Mailing Addres		Street Address:
Registration 5		Registration Section
Division of C	•	Division of Corporations The Centre of Tallahassee
P.O. Box 632 Tallahassee.		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



781 00T -7 AM 8: 05

September 28, 2021

GUSTAVO BERENBLUM 215 EAST ENID DRIVE MIAMI, FL 33149

SUBJECT: BB OFFIICE, LLC Ref. Number: L21000348596

We have received your document for BB OFFIICE, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Irene Albritton Regulatory Specialist III

Letter Number: 321A00023342

PLEASE FIND ENCLOSON CORRECTED FORM. THANK YOU,

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. Bb c	PFIICE, LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our rated Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L2100034859</u> This amendment is submitted to amend the following:	pany were filed on $O8/$	03/2 and assigned
A. If amending name, enter the new name of the limited	liability company here:	
AB OFFICE	CEILLO	20
The new name must be distinguishable and contain the words "Limited		"LLC" or the abbreviations "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRES.	<u>S)</u>	:
		 သ
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on our records, <u>e</u>	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 i	uddress
		_, 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 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 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
•			
			□Remove
			☐ Change
			□Add
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