

h21 000377237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

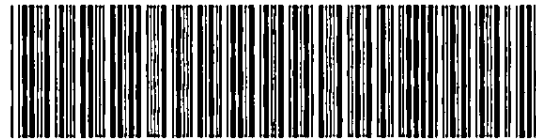
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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **BBSS GROUP LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANGELA MACK

\_\_\_\_\_  
Name of Person

TAX ACCOUNTING & FINANCIAL SPECIALISTS, LLC

\_\_\_\_\_  
Firm/Company

2295 S. HIAWASSEE RD, SUITE 407C

\_\_\_\_\_  
Address

ORLANDO, FL 32835

\_\_\_\_\_  
City/State and Zip Code

creatrix@creatrixoffices.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELA MACK

at ( 407 ) 710 0808

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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Division of Corporations  
Tallahassee, FL 32303

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

BBSS GROUP 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 06/17/2021 and assigned  
Florida document number L21000377237.

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 abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

2295 S. HIAWASSEE RD, SUITE 407C

**(Principal office address MUST BE A STREET ADDRESS)**

ORLANDO, FL 32835

**Enter new mailing address, if applicable:**

2295 S. HIAWASSEE RD, SUITE 407C

**(Mailing address MAY BE A POST OFFICE BOX)**

ORLANDO, FL 32835

**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:

TAX ACCOUNTING & FINANCIAL SPECIALISTS LLC

New Registered Office Address:

2295 S HIAWASSEE RD STE 407C

Enter Florida street address

ORLANDO

City

Florida

32835

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.*

DocuSigned by

Angela Mack

**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	DSEV HOLDINGS LLC	552 PALM DRIVE	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	B AND A BUSINESS SOLUTION	552 PALM DRIVE	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LEBRON DELAWARE, LLC	3500 SOUTH DUPONT HIGHWAY	<input checked="" type="checkbox"/> Add
		DOVE, DE 19901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THIAGO BULL LUPOSELI	2295 S HIAWASSEE RD STE 407C	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF REVENUE & FINANCE

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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### Application of Corrections

E. Effective date, if other than the date of filing: 08/01/2022 (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 15 2022

Doc. signed by  
Ariane D'Souza

Det. Signed By 

Signature of a member or authorized representative of a member

DSEV HOLDINGS (by ARIANE D SPIGHEL and B AND BUS (by BRUNO SOARES L ANCEDE)

Typed or printed name of signee

**Filing Fee: \$25.00**