421000472093

(Requestor's Name)
(Address)
(Address)
(100.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Cooling to the control of the contr
Cartifact Carties
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only

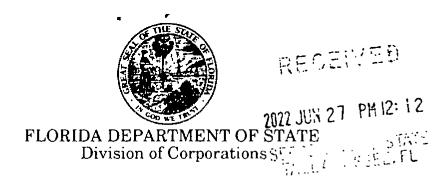


500385972205

04/20/22--01011--008 **30.00

22 JUN 27 PM 1: 00

T. MATTHEWS JUL 13 2022



June 1, 2022

LERON A. BOWERS 4810 INDIALANTIC DR ORLANDO, FL 32808

SUBJECT: BBSW,L.L.C Ref. Number: L21000472093

We have received your document for BBSW,L.L.C and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 722A00012259

Tekayla T Matthews OPS

www.sunbiz.org

COVER LETTER

BBSW, LL SUBJECT:	.C		•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LeRon A Bowers		
		Name of Person	
	Name of Limited Liability Company f Amendment and fee(s) are submitted for filing, ondence concerning this matter to the following: LeRon A Bowers Name of Person BBSW, LLC Firm/Company 4810 Indialantic Dr Address Orlando, FI 32808 City/State and Zip Code Bbswinvestments@gmail.com E-mail address: (to be used for fiture annual report notification) concerning this matter, please call: at (
		Firm/Company	
	4810 Indialantic Dr		
		Address	
	Orlando, Fl 32808		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	tification)
For further information c	oncerning this matter, please c	all:	
LeRon Bowers			
Name o	f Person		ne Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres			
Registration 5 Division of C		Registration Se	
P.O. Box 632		Division of Co The Centre of	
	., CL 20214	2416 31 34	

Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION INCLUDE STATE OF SIVISION OF CORPORATIONS

BBSW, LLC

22 JUN 27 PM 1:00

(<u>Name of the Limited Li</u> (A Fl	ability Comp orida Limited	pany as it now appears (I Liability Company)	on our records.)		
The Articles of Organization for this Limited Liabili Florida document number L21000472093	ty Compan 	y were filed on Nov	1, 2021 and assigned		
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited lia	bility company here	;		
N/A					
The new name must be distinguishable and contain the words.	Limited Liah	pility Company," the desi	gnation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	:	BBSW, LLC			
(Principal office address MUST BE A STREET AL	DDRESS)	255 S Orange Ave Suite 104 PMB 1199			
		Orlando, FL 3280			
Enter new mailing address, if applicable:		BBSW, LLC			
(Mailing address MAY BE A POST OFFICE BOX	7	255 S Orange Ave Suite 104 PMB 1199			
		Orlando, FL 32801			
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office <u>re</u> :	address on our reco	ords, enter the name of the new register		
Name of New Registered Agent: N/	A		<u></u> .		
New Registered Office Address: 25	5 S Orange	Ave, Suite 104 PMB	1199		
		Enter Florida	street address		
Or	lando		Florida ³²⁸⁰¹		
		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, onter 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
COO	SAMUEL, DARLINGTON D	693 COACHLIGHT DRFERN PARK, FL 32730	□Add
			≡ Remove
			□Change
PRES	WALTON, LAMONT	4810 INDIALANTIC DRORLANDO, FL 32808	□Add
			=Remove
			□Change
VP ———	BAXTER, KEONE	4810 INDIALANTIC DRORLANDO, FL 32808	□Add
			≡ Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
<u>.</u>			□Add
			Remove
			□Change

_			•				
			_	·	· · · · · · · · · · · · · · · · · · ·		
			·		<u></u>		
				······································			
				<u> </u>			
			•	'			
							
	_			. <u>.</u>			
				 -			
			<u>.</u>				
					,		
f an effective d Note: If the o	te, if other than ate is listed, the date date inserted in thi ffective date on th	must be specific an s block does not:	d cannot be prior meet the applic	to date of filing or nable statutory filir	nore than 90 days a	otional) fter filing.) Pursuant to this date will not be	605.0207 listed as
	fine a dolayad affa	ective date, but no	ot an effective ti	me, at 12:01 a.m.	on the earlier of:	(b) The 90th day	after the
	ires a delayed effe						
rd is filed.		23	, 2028	<u>L</u> .			
rd is filed.		<u>23</u>	, 2026	<u>.</u> .			
e record speci rd is filed. Dated <u>Ju</u>		-		orized representative	e of a member_		_