L22000091050

(Requestor's Name)
(Address)
(Address)
(1.03.030)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
· · · · · · · · · · · · · · · · · · ·
(Degrament Niverhoot)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Fitting Officer.

Office Use Only



000388080850

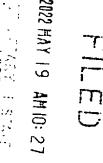
LLC arrend

05/19/22~-01020--019 **25.00

DIVISION OF CORPORATIONS

2022 HAY 19 PM 1.E

A. RAMSEY MAY 2 0 2012



CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

i		WALK IN							,* •/
		``	PICK UF	P:	5/19 DANNY	- -		.*	
		∮ CERTIFIED	СОРУ				. ·		
X	ΚX	РНОТОСОЕ	PY	- 					
		CUS							
X	XX	FILING		LLC	AMEND				
			-						
1.		E TRADES RPORATE NAME	LLC AND DOCUMENT	`#)		··			
2.									
	(CO	RPORATE NAME	AND DOCUMENT	Γ#)			-		•
3.	(CO)	RPORATE NAME	AND DOCUMENT	· #)					
4.									
	(CO)	RPORATE NAME	AND DOCUMENT	î#)					
5.									
	(CO	RPORATE NAME	AND DOCUMENT	`#)					
6.	(COI	RPORATE NAME	AND DOCUMENT	`#)					
SPEC INST	IAL RUCTIO	ONS:						· · · · · · · · · · · · · · · · · · ·	
				<u> </u>					

COVER LETTER

TO: Registration Se Division of Cor			
BBE TRAI	DES LLC	·	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ZAHAVA ARONOV		
		Name of Person	- 1 <u>- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-</u>
	ORB CPA PA		
		Firm/Company	
	1000 SOUTH STATE RD	7	
		Address	
	PLANTATION FL 33317		
		City/State and Zip Code	
	DONBITON10@GMAIL.C		
For further information c	e-mail address: (to be used for future annual report notifi all:	ication)
BAR BITON	.	720 252-1793	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres		Street Address:	tion
Registration S Division of C		Registration Sec Division of Corp	
P.O. Box 632	.7	The Centre of Ta	allahassee
Tallahassec, 1	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 MAY 19 AM 10: 27

BBE TRADES 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 Li Florida document number L22000091050	ability Company	were filed on 01/3	/2022 and ass	i gne d
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	ility company her	!	
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the des	gnation "LLC" or the abbreviation "L.	c. <u>"</u>
Enter new principal offices address, if applica	able:	16699 COLLINS	AVE UNIT 3506	
(Principal office address MUST BE A STREE	SUNNY ISLES E	EACH, FL 33160		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		SUNNY ISLES E	AVE UNIT 3506 EACH, FL 33160 ords, enter the name of the new	registered
Name of New Registered Agent:	N/A			
New Registered Office Address:	New Registered Office Address: 16699 COLLII			
		Enter Florid	street address	
	SUNNY ISLE		, Florida ³³¹⁶⁰	
		Cir	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
AMBR	BAR BITON	16699 COLLINS AVE UNIT 3506	
		SUNNY ISLES BEACH, FL 33160	□Remove
			Change
			□Add
			Пстюче
			□Change
			
			□ Remove
			Change
			DAdd
			□Remove
			Change
			
			□ Remove
			Change
			DAdd
			Remove
			Chance

N/A				
			-	
· · · · · · · · · · · · · · · · · · ·				
				·
				
				
				<u> </u>
				
		<u> </u>		
				
Stratura de la major de la	01/31/20	22		
Tective date, if other than the da in effective date is listed, the date must be	ite of tiling: e specific and cannot be pr	ior to date of filing or	opt more than 90 days afte	ional) er filing.) Pursuant to 605.020
ote: If the date inserted in this block current's effective date on the Depa	r moes not meet nie abb	iterore sentition in	ling requirements, th	is date will not be listed a
	adion of other proof.			
ecord specifies a delayed effective d	ate, but not an effective	: time, at 12:01 a.m	n. on the earlier of: (b) The 90th day after th
is fi led .				•
MAY IR	2022			
nted MAY 18	. 2022	·		
nted MAY 18	, 2022	·		
ated MAY 18	, 2022 gnature of a member or au	Worked introduction	ve of a member	