## Florida Department of State 1671

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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∓Email:	Address:
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BBG PRE-FORECLOSURE AND TAX CARE ADVOCATES LLC

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## BBG PRE-FORECLOSURE AND TAX CARE ADVOCATES 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 v	were filed on 04/20/22	and assigned
Florida document number L22000197677		
This amendment is submitted to amend the following.		
A. If amending name, enter the new name of the limited liabil	ity company here:	
BRC REFUND FIRM LLC		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ac	ddress on our records, <u>enter the na</u>	me of the new registered
agent and/or the new registered office address here:		202
		2023 AFR
Name of New Registered Agent:		
New Registered Office Address:		8 777
	Enter Florida street address	<u> </u>
	Florida	<u>မှ</u> ာ
	Cur	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
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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

Title	<u>Name</u>	Address	Type of Action
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e record spec ed is filed.	ifies a delayed effective c	late, but not an effective	e time, at 12:01 a n	n on the earlier of (b)	The 90th day after th	ic
Dated	04/28		·			
	Sı	gnature of a member or an	thorized representation	ve of a member		
			N JONES			
*****		Lyped or pr	inted name of signee		<del></del>	

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Filing Fee: \$25.00