## L23000084145

| (Requestor's Name)                      |
|-----------------------------------------|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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S. ROBERTS MAY 1 3 2023

## **COVER LETTER**

TO:

Tallahassee, FL 32314

|            | Registration So<br>Division of Cor |                                                 |                                                                           |                                                                                                     |  |  |
|------------|------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|--|
| SUBJEC     | Tr.                                | LESALING LLC                                    |                                                                           |                                                                                                     |  |  |
| SUBJEC     | Name of Limited Liability Company  |                                                 |                                                                           |                                                                                                     |  |  |
| The enclo  | sed Articles of                    | Amendment and fee(s) are sub                    | mitted for filing.                                                        |                                                                                                     |  |  |
| Please ret | urn ali correspo                   | ondence concerning this matter                  | to the following:                                                         |                                                                                                     |  |  |
|            |                                    | Leslie Saavedra                                 |                                                                           |                                                                                                     |  |  |
|            |                                    |                                                 | Name of Person                                                            |                                                                                                     |  |  |
|            |                                    | BBI WHOLESALING LL                              | С                                                                         |                                                                                                     |  |  |
|            |                                    |                                                 | Firm/Company                                                              | ·                                                                                                   |  |  |
|            |                                    | 11767 S Dixic Hwy 323                           |                                                                           |                                                                                                     |  |  |
|            |                                    |                                                 | Address                                                                   |                                                                                                     |  |  |
|            |                                    | Pinecrest FL 33156                              |                                                                           |                                                                                                     |  |  |
|            |                                    |                                                 | City/State and Zip Code                                                   |                                                                                                     |  |  |
|            |                                    | soporte@bbiinvestments.co                       | m<br>to be used for future annual report                                  | notification)                                                                                       |  |  |
| For furthe | r information c                    | oncerning this matter, please ca                | •                                                                         |                                                                                                     |  |  |
| Leslie Saa | avedra                             |                                                 | 786 205-1475<br>at ()                                                     |                                                                                                     |  |  |
|            | Name o                             | f Person                                        | Area Code Day                                                             | time Telephone Number                                                                               |  |  |
| Enclosed : | is a check for th                  | ne following amount:                            |                                                                           |                                                                                                     |  |  |
| ≣ \$25.0   | 0 Filing Fee                       | □ \$30.00 Filing Fcc &<br>Certificate of Status | □ \$55,00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |
|            | Mailing Addres                     |                                                 | Street Address                                                            |                                                                                                     |  |  |
|            | Registration S<br>Division of C    |                                                 | Registration Division of O                                                |                                                                                                     |  |  |
|            | 2 O Box 632                        |                                                 |                                                                           | of Tallahaceae                                                                                      |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Comp                                                                                                                                                                      | any as it now appears on our recor  | rds.)                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------|
| (Name of the Limited Liability Comp<br>(A Florida Limited                                                                                                                                                | Liability Company)                  | <del></del>                           |
| The Articles of Organization for this Limited Liability Company                                                                                                                                          | y were filed on Florida             | and assigned                          |
| lorida document number 1.23000084145                                                                                                                                                                     |                                     |                                       |
| This amendment is submitted to amend the following:                                                                                                                                                      |                                     |                                       |
| L. If amending name, enter the new name of the limited lia                                                                                                                                               | bility company here:                |                                       |
| BBI RE Properties LLC                                                                                                                                                                                    |                                     |                                       |
| he new name must be distinguishable and contain the words "Limited Liab                                                                                                                                  | ility Company," the designation "LL | C" or the abbreviation "L.L.C."       |
| Enter new principal offices address, if applicable:                                                                                                                                                      |                                     | 2023 (                                |
| Principal office address MUST BE A STREET ADDRESS)                                                                                                                                                       |                                     | 7-0-2<br>                             |
|                                                                                                                                                                                                          |                                     |                                       |
|                                                                                                                                                                                                          |                                     | •                                     |
| inter new mailing address, if applicable:                                                                                                                                                                |                                     | :                                     |
| Mailing address MAY BE A POST OFFICE BOX                                                                                                                                                                 |                                     | · · · · · · · · · · · · · · · · · · · |
|                                                                                                                                                                                                          |                                     | 7                                     |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter       | r the name of the new                 |
| Name of New Registered Agent:                                                                                                                                                                            |                                     |                                       |
| New Registered Office Address:                                                                                                                                                                           |                                     |                                       |
|                                                                                                                                                                                                          | Enter Florida street addre          | 255                                   |
|                                                                                                                                                                                                          |                                     | lorida                                |
|                                                                                                                                                                                                          | 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 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           |
|--------|-------------------|
| AMRR = | Authorized Member |

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
|              |      |         | □ Add          |
|              |      |         | Remove         |
|              |      |         | Change         |
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| n effec<br>ote:     li | e date, if other than the date of filing:                      |
| is file                |                                                                |
| ted_                   | March 24, 2023                                                 |
|                        | Signature of a member or authorized representative of a member |
|                        | Signature of a member of authorized representative of a member |
|                        |                                                                |

Filing Fee: \$25.00