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COVER LETTER

Division of Corporations
SUBJECT: B+B Parting+ More LLC Name of Limited Giability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Derrick Bradberry Name of Person
B+B Painting + More LLC Firm/Company
845 Pine Forest Trail West
Port Orange Florida 32127 City/Stale and Zip Code
E-mail address: (to be used for juyure annual report notification)
For further information concerning this matter, please call:
Name of Person at (380 451 - 8970 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	a & M5 Ce LLC or as it now appears on our records.) rability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2400033333</u>	were filed on \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	767 Espanola MR
(Principal office address MUST BE A STREET ADDRESS)	Ormand beach &
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Florida 32174: == 845 Pine Forest Trail West Port Orange Florida 32127
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	iddress on our records, enter the name of the new registered
New Registered Office Address:	Enter Florida street address
	Apper Company No.
	Florida
	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 AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Derrick L Bradburry	845 Pine Forest Trailw	est Add
		Port Orange Florida	□Remove
		32127	
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
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	Add	EIN -	99150	15900		
	 .					
_						
(If an effecti Note: If t		te must be specific and his block does not m	cannot be prior to eet the applicab			i al) ling.) Pursuant to 605.0207 (. late will not be listed as th
ne record s ord is filed.		fective date, but not	an effective tim	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
Dated	7/8/20	D 24.				
		Note of a n	A dember or authori	zer tepresentative of	a member	
				adver-		