

L24 000 166 288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

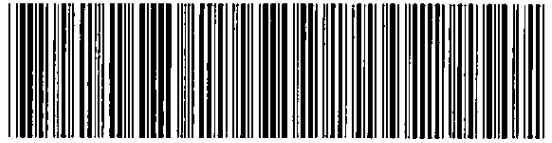
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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24 MAY 21 PM 1:33
TALLAHASSEE STATE
COURT CLERK
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BBE ENTERPRISES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUSTIN K ENGLER

Name of Person

BBE ENTERPRISES LLC

Firm/Company

3203 MERIDIUS PLACE, APT 101

Address

KISSIMMEE, FL. 34747

City/State and Zip Code

BBE.ENTERPRISES@OUTLOOK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUSTIN K ENGLER

Name of Person

at (321) 402-4650

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 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 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**

BBE ENTERPRISES 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 were filed on APRIL 08, 2024 and assigned Florida document number L24000166288.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

FILED
21 MAY 21 PM 11 34
STATE OF FLORIDA
TALLAHASSEE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JUSTIN K ENGLER

New Registered Office Address:

3203 MERIDIUS PLACE, APT 101

Enter Florida street address

KISSIMMEE

City

Florida

34747

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KEITH D ENGLER	3203 MERIDIUS PLACE, APT 101	<input type="checkbox"/> Add
		KISSIMMEE, FL 34747	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUSTIN K ENGLER	3203 MERIDIUS PLACE, APT 101	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34747	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Florida

DRIVER LICENSE



IDENTIFICATION NUMBER **E524-431-01-100-0**

CLASS **E**



ENGLE
JUSTIN KYLE
03203 MERIDIUS PL APT 101
KISSIMMEE, FL 34747-1120

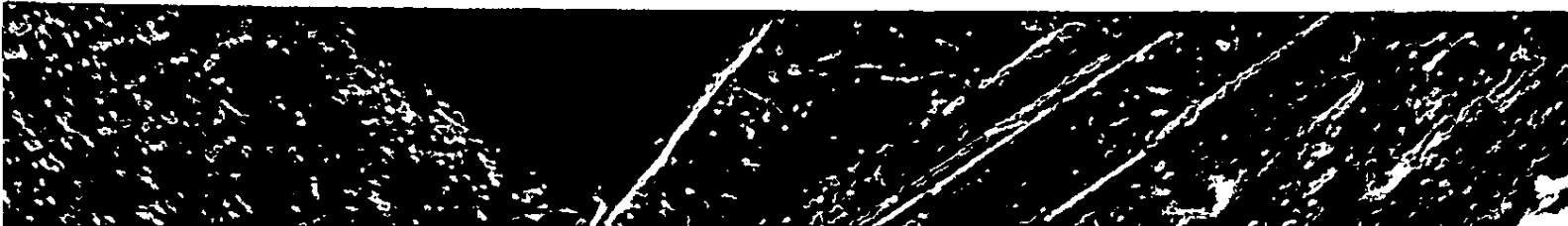
DOB 03/20/2001 **SEX M**
EXP 03/20/2033 **HGT 5'-11"**
REST NONE **END A**

SAFE DRIVER
CS 05/06/2024
DOC H702405060316



Justin Kyle Engler

Operation of a motor vehicle constitutes consent to any sobriety test required by law.



The State
of Florida
retains all
property
rights herein.
032001
Rev
03/01/2020



CLASS: E - Any non-commercial veh with a GVWR < 26,001 lbs.
or any RV
REST: None
END: A-MTRCL Also

REPLACEMENT LICENSE REQUIRED WITHIN 30 DAYS
OF ADDRESS OR NAME CHANGE.
WWW.FLHSMV.GOV



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0-1189-94001