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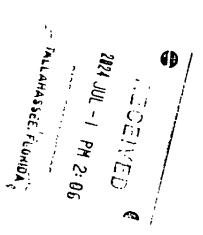




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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

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BBH LLC SUBJECT:			
30BJEC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Antonio Tommasone		
		Name of Person	
	Blueberry Hill Bakery		
		Firm/Company	
	15890 Business 331N Uni	ı #6	
		Address	
	Freeport, FL, 32439		
		City/State and Zip Code	
	antoniotommasone47@gma		
	E-mail address: (to be used for future annual report not	titication)
For further information c	oncerning this matter, please co	all:	
Antonio Tommasone		850 460-4103	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne 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		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BBH 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 $\frac{6/18/24}{1}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Riggi & Kruger BBH Freeport LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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: New Registered Office Address: Enter Florida street address

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.

______. Florida _____

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	

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f an effecti Note: If t	date, if other than the date of filing:
e record s d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	07/01/24.
	Signature of a member or authorized representative of a member
	Antonio E Tommasone