

506477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

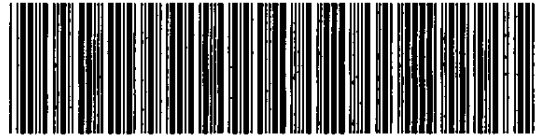
(Document Number)

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FILED  
10 JUN -7 AM 9:30  
SECRETARY OF STATE  
FALL ACHASSISSE, PA. 19104

Amend.



JUN 08 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 25, 2010

ROBERT CRUZ, SR.  
B & B PUBLISHING, INC.  
9315 VIA CLASSICO WEST  
WELLINGTON, FL 33411

SUBJECT: B & B PUBLISHING, INC.  
Ref. Number: S06477

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption of each amendment must be included in the document.

PLEASE LIST THE TITLE FOR THE OFFICERS AND DIRECTORS BEING ADDED.

~~The current name of the entity is as referenced above. Please correct your document accordingly.~~

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 610A00013128

RECEIVED  
MAY 27 2010  
CORPORATION  
DIVISION  
STATE OF FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations -

**NAME OF CORPORATION:** B & B Publishing Inc.

**DOCUMENT NUMBER:** 506477

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Robert Cruz Sr.

Firm/ Company

B & B Publishing

Address

9315 Via Classico West

City/ State and Zip Code

Wellington Fl 33411

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

bobnrose@bellsouth.net

For further information concerning this matter, please call:

Robert Cruz

Name of Contact Person

at ( 561 ) 784-4767

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee &  
Certificate of Status

\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

\$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of



B & B Publishing, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

506477

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

*(Principal office address **MUST BE A STREET ADDRESS**)*

**C. Enter new mailing address, if applicable:**

*(Mailing address **MAY BE A POST OFFICE BOX**)*

FILED  
10 JUN - 7 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

New Registered Office Address:

*(Florida street address)*

*(City)*

*, Florida  
(Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Signature of New Registered Agent, if changing

N/A

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DAS	Victor A. Ortiz	9413 Via Grande west Wellington, FL 33411	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary) (Be specific)*

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A



The date of each amendment(s) adoption:

May 8, 2010

Effective date if applicable:

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

**(CHECK ONE)**

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

“The number of votes cast for the amendment(s) was/were sufficient for approval

by

(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated\_

5/9/10

Signature

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

(Typed or printed name of person signing)

Cynthia Ortiz

(Title of person signing)

DST