## 11600005316

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



700300832507

06/30/17--01013--012 \*\*25.00

TO JUN 30 AM 8: 49

JUL 0 3 2017

Y SULKER

## **COVER LETTER**

TO: Registration Se Division of Con			
2B'LLC			
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	EDWARD L ZEPP		
		Name of Person	
	2B'S LLC		
	·	Firm/Company	<del></del>
	3106 COUNTRY CLUB BI	LVD	
		Address	
	CAPE CORAL, FL 33904		
		City/State and Zip Code	
	ALFAYER12345@EARTH	LINK.NET  be used for future annual report notifi	ootion)
	·	·	Cation)
For further information c	concerning this matter, please cal	l:	
EDWARD L ZEPP		443 805-4533 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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/COURIER ADDRESS: Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2B'S LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records ted Liability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability Comp.  Florida document number L16000005316.	any were filed on 01-07-2016	and assigned
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 L	iability 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	<u> </u>	-
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records,	enter libernants of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flo	rida
	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 = ·Marager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	HERBERT GARRETTSON	503 NE 13TH AVE CAPE CORAI	Add
			Remove
			Change
			□ Add
			Remove
			☐ Change
			□ Add
		<del> </del>	Remove
			JEW 30 AM Charyout S AHASSEE, FL
			Remove T
			Change
			Remove
			Change
		<del></del>	
			☐ Remove

						•
						•
 						i
						•
 						•
						•
			· · · · · · · · · · · · · · · · · · ·	<u>≱</u> ;		•
	<del> </del>	· · · · · · · · · · · · · · · · · · ·		<u> </u>	7	
				AS	_₹ _ω_	Ji Litao
				SEE YY	0	5
 				اري المالية المالية		
			·	92.2 20.2		· •
		-		DA.	۵	
					SSEE,	ASSEE, FLE

Page 3 of 3

Filing Fee: \$25.00