

L18000143504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

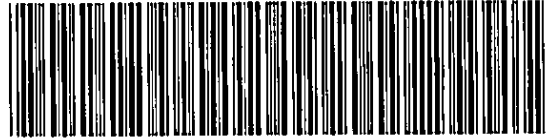
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Sign*

Office Use Only



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- 06/27/18--01012--013 \*\*25.00

FILED  
18 JUL 13 PM 4:09  
SOUTH DAKOTA  
STATE COURT

K. SALY

JUL 19 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 29, 2018

CHARLES H. BALL & ASSOCIATES, P.A.  
CHARLES H. BALL  
1444 FIRST ST, STE. B  
SARASOTA, FL 34236

SUBJECT: BUSINESS MANAGEMENT 101, LLC  
Ref. Number: L18000143504

We have received your document for BUSINESS MANAGEMENT 101, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 618A00013596

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REC'D  
2018 JUL 13 AM 10:25  
DIVISION OF CORPORATIONS  
TALLAHASSEE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BUSINESS MANAGEMENT 101, 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:

CHARLES H. BALL

Name of Person

CHARLES H. BALL & ASSOCIATES, P.A.

Firm/Company

1444 FIRST STREET, SUITE B

Address

SARASOTA, FL 34236

City/State and Zip Code

charlesb@charleshball.com

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

For further information concerning this matter, please call:

CHARLES H. BALL

941

952-1500

at ( )

Name of Person

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/COURIER ADDRESS:

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BUSINESS MANAGEMENT 101, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
18 JUL 13 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6/11/2018 and assigned  
Florida document number 118000143504

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:

3234 S. EAST AVENUE

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

SARASOTA, FL 34239

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:

LIGIA HALL

New Registered Office Address:

3234 S. EAST AVENUE

Enter Florida street address

SARASOTA

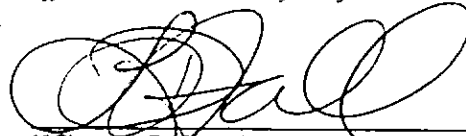
Florida 34239

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LIGIA HALL	3234 S. EAST AVENUE	<input type="checkbox"/> Add
		SARASOTA, FL 34239	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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CORRECTING THE SPELLING OF AGENT AND ONLY MEMBER OF LLC

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18 JUL 18 PM 4:09

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

2018

Signature of a member or authorized representative of the contractor

Signature of a member or authorized representative of a member

CHARLES H. BALL

Ligia Hall

Typed or printed name of signee