L19000147-335

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S-1 Holdings Name of Lie	Mited Liability Company		
Amendment and fee(s) are sul	bmitted for filing.		
ndence concerning this matter	to the following:		
Robin	L Martin Name of Person		
	Firm/Company		
8989 So.	uth Erarige Ave		
Orlando	FL 33834 City/State and Zip Code	22 AUG 1	
robin (m E-mail address: (to be used for future annual report notification	on)	
		5.	(1)
<u>latio</u> Person	at (407) 450 - 7 Area Code Daytime Tele		
following amount:			
□ \$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)	
ection	Street Address: Registration Section	1	
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P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

B-1 Holdi (Name of the Limited I	Liability Company as it now appears on our records.)
1 A)	Florida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number <u>L190001473</u>	ility Company were filed on June 3, 2019 and assigned 335.
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of the	ne limited liability company here:
The new name must be distinguishable and contain the words	Is "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:
(Principal office address MUST BE A STREET A	ADDRESS)
	22
	AUG
Enter new mailing address, if applicable:	- 1985년 - 1985
(Mailing address MAY BE A POST OFFICE BO)	DY)
muning unitess mai BE AT OST OFFICE BOX	
B. If amending the registered agent and/or regis agent and/or the new registered office address he	istered office address on our records, enter the name of the new registered nere:
Name of New Registered Agent:	
New Registered Office Address:	
-	Enter Florida street address
_	, Florida
_	City Zip Code
New Registered Agent's Signature, if changing Regis	istered Agent:

1

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>	Address	Type of Action
MER	Charles E Bailes TTT	6424 Pinecastle Blvd Ste A Orlando, FL 32809	ŒAdd
			□Remove
			□Change
MOR	Jess D Bailes	6434 Pinecastle Blvd Ste A Orlando, Fr. 32809	G₽⊀dd
			□Remove
			□Change
mbr.	Charles E Bailes JR		🗆 Add
		6424 Pinecastle Blud St. A. Orlando, Fr. 32809	Exemove
			□Change
			22 10 17
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ote: If the date in	other than the date o isted, the date must be spec iserted in this block doe we date on the Departmo	es not meet the app	olicable statutory	or more than 90 days filing requirements	optional) after filing.) Pursuant , this date will not b	to 605.020 be listed a
ecord specifies a is filed.	delayed effective date,	but not an effectiv	re time, at 12:01 a	.m. on the earlier o	f: (b) The 90th da	y after th
ated Que	Just 10 Chalu Signatu	<u>دەد</u>	<u>}</u>			

Filing Fee: \$25.00