

L19000187873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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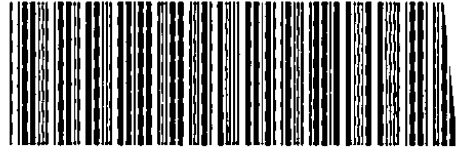
(Business Entity Name)

(Document Number)

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2019 OCT -7 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SULKER

OCT 25 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 63S Enterprises of Florida 1, 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:

Leushel Rollins
Name of Person

63S Enterprises of Florida 1, LLC
Firm/Company

637 Kissimmee St
Address

Tallahassee, FL 32310
City/State and Zip Code

Gand Enterprises LLC 1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leushel Rollins at (850) 510 5851
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

B3S Enterprises of Florida 1, 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 July 2019 (22)
Florida document number L19000181873

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

B3S Enterprises of Florida 1, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

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
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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
or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>
_____	_____	_____ _____ _____ <input type="checkbox"/>
_____	_____	_____ <input type="checkbox"/> _____ <input type="checkbox"/> R _____ <input type="checkbox"/> Ch
_____	_____	_____ <input type="checkbox"/> Add _____ <input type="checkbox"/> Remo _____ <input type="checkbox"/> Change
_____	_____	_____ <input type="checkbox"/> Add _____ <input type="checkbox"/> Remove _____ <input type="checkbox"/> Change
_____	_____	_____ <input type="checkbox"/> Add _____ <input type="checkbox"/> Remove _____ <input type="checkbox"/> Change
_____	_____	_____ <input type="checkbox"/> Add _____ <input type="checkbox"/> Remove _____ <input type="checkbox"/> Change

Lined area for document content.

E. Effective date, if other than the date of filing: _____ (optional)

(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
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
(b) The 90th day after the record is filed.

Dated Sept 20, 2019

Kerushel Collins
Signature of a member or authorized representative of a member

Kerushel Collins
Typed or printed name of signee