

L19 000 251263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

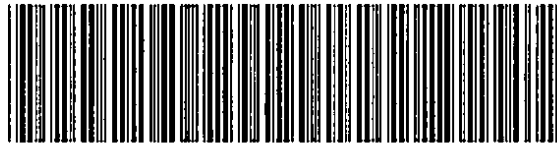
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JAN 15 2020
C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B+L Enterprises of Palm Coast 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:

Brad Ward
Name of Person
B+L Enterprises of Palm Coast LLC
Firm/Company
35 BREN MAR LN.
Address
Palm Coast, FL 32137
City/State and Zip Code
brward88@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brad Ward at 386 283-0955
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BAL ENTERPRISES of Palm Coast 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 10-7-19 and assigned
Florida document number L19000251263

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:

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

389 Palm Coast Pkwy SW, Ste. 3
Palm Coast, FL 32137

Enter new mailing address, if applicable:

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

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TALLAHASSEE, FL

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:

New Registered Office Address:

389 Palm Coast Pkwy SW, Ste. 3
Enter Florida street address
Palm Coast, Florida 32137
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

| Title | Name | Address | Type of Action |
|-------|----------------|---|--|
| MGR | Brad Ward | 35 BREN MAR LN Palm Coast FL 32137 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Leroy Parsells | 26 Bunter Knolls Palm Coast FL 32137 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Brad Ward | 35 BREN MAR LN Palm Coast FL 32137 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Leroy Parsells | 26 Bunter Knolls Palm Coast FL 32137 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

[illegible]

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.

Dated 12-11 2019

 Signature of a member or authorized representative of a member
Brad Ward
 Typed or printed name of signee

Filing Fee: \$25.00