

L19 000272032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

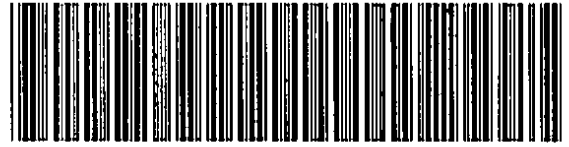
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2021 DEC -6 PM 12:17  
OFFICE OF STATE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: B2S ENTERPRISES 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:

BRUNO B SOUZA

\_\_\_\_\_  
Name of Person

B2S ENTERPRISES LLC

\_\_\_\_\_  
Firm/Company

6101 VINELAND RESORT WAY, 311

\_\_\_\_\_  
Address

ORLANDO, FLORIDA, 32821

\_\_\_\_\_  
City/State and Zip Code

b2senterprises1@gmail.com

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

For further information concerning this matter, please call:

BRUNO B SOUZA

508 405-6202  
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 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**

B2S ENTERPRISES 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 December, 01, 2021 and assigned Florida document number L19000272032.

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)

6101 VINELAND RESORT WAY, 311

ORLANDO, FLORIDA, 32821

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6101 VINELAND RESORT WAY, 311

ORLANDO, FLORIDA, 32821

**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:

ANDRESSA FERRARI

New Registered Office Address:

6101 VINELAND RESORT WAY, 311

*Enter Florida street address*

ORLANDO

*City*

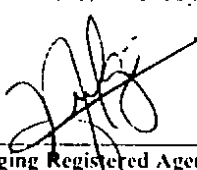
Florida

32821

*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

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SECRET  
OFFICE OF STATE

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	BRUNO B SOUZA	6101 VINELAND RESORT WAY, 311, ORLANDO	<input type="checkbox"/> Add
		FLORIDA, 32821	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ANDRESSA FERRARI	6101 VINELAND RESORT WAY, 311, ORLANDO	<input type="checkbox"/> Add
		FLORIDA, 32821	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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)

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

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**