Fax: 17252287143

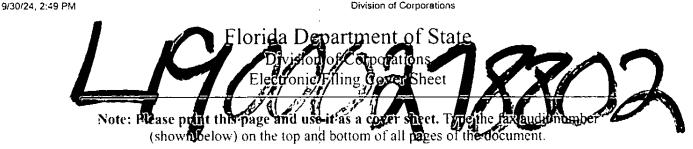
To:

Fax: (850) 617-6383

Page: 2 of 8

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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ANDERSON BUSINESS ADVISORS

Account Number : I20230000109 Phone : (800)706-4741

Fax Number

: (702)664-0545

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\* "

Email Address:\_

ra@andersonadvisors.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **B TEAM PROPERTIES LLC** 

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## **COVER LETTER**

	istration Sectision of Corp			
SUBJECT:	B Team Prop			
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	emitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		Brandi Williamson	: (	
		**************************************	Name of Person	
			Firm/Company	
		3225 McLeod Dr. Sie 100		
			Address	
		Las Vegas, NV 89121	<u> </u>	
		ra@andersonadvisors.com	City/State and Zip Code	
		E-mail address: (	to be used for tuture annual report notif	ication)
for further in	formation cor	seerning this matter, please ca	all:	
Brandi Willi	amson		8(00 706-4741 at ()	
	Name of I	rerson	Area Code Daytime	: Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B Team Properties, LLC	<u> </u>
(Name of the Limited   (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number <u>L19000278802</u>	ility Company were filed on 11/7/2019 and assigned
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of th	ne limited liability company here:
X90125, LLC	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:
(Principal office address MUST BE A STREET A	
Trincipal office address most be a street a	1DDRESS)
	98 <b>202</b>
• • • • • • • • • • • • • • • • • • • •	
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Mailing address MAY BE A POST OFFICE BO  3. If amending the registered agent and/or registered affice address h	stered office address on our records, enter the name of the new legis
Name of New Registered Agent:	stered office address on our records, enter the name of the new reas

## 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.

From: Brandt Wildamson

Fax: 17252287143

To:

Fax: (850) 617-6383

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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
			□∧dd
			Remove
		·	□Change
			□Add
			□ Remove
			□Change
		-	□Add
		<u>.                                    </u>	□Remove
		<u>.</u>	□Change
		<del>*</del>	□ \\dd
			🗆 Remove
			Change
	10011100-0001844		🗆 \\ \dd
		<del>†</del>	□ Remove
			□Change
			□Add
		<u>-</u>	Remove
			□Change

From: Brand: Wilframson	Fax: 17252287143

	4 44
	I
	!
	1
Tective date, if other than the date of filing:	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the applicable statutory filing requirements, this date will not be listed as 's records.
record specifies a delayed effective date, but not an east filed.	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
September 30 20	024
Brandi h	Lilliamson

Filing Fee: \$25.00