L20000188767

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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RIVHTE JAN 2: 2021

COVER LETTER

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Registration Section

TO:

Division of Cor	porations		
B CHARM			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rebecca Irvin		
		Name of Person	
	B Charmed LLC		
		Firm/Company	
	654 E Warner Street		
	 	Address	
	Groveland, FL 34736		
		City/State and Zip Code	
	irvinbecca@yahoo.com E-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please c		
Rebecca Irvin		229 405-0871	
Name o	of Person	at () Area Code Daytime Telep	hone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporati The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	et. Suite 810

200 1 11 11:00

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 28, 2020

REBECCA IRVIN 654 E WARNER ST GROVELAND, FL 34736

SUBJECT: B CHARMED LLC Ref. Number: L20000188767

We have received your document for B CHARMED LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 420A00026153

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B CHARMED, 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 $\frac{\text{July 2, 2020}}{\text{July 2, 2020}}$ and assigned Florida document number _____L20000188767 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) 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __. Florida ___

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Sharon Meadows	656 E. Warner Street	∃ Add
		Groveland, FL 34736	□Remove
			Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			Change
			\ \ \ \ \ \
			Remove
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Fective date, if other than the n effective date is listed, the date muster. If the date inserted in this blocument's effective date on the Do	be specific and cannot b ock does not meet the a	e prior to date of fiting of applicable statutory fi	(option r more than 90 days after fi ling requirements, this c	ing.) Pursuant to 605.020
ecord specifies a delayed effectiv is filed.	e date, but not an effec	rtive time, at 12:01 a.i	n. on the earlier of: (b)	The 90th day after the
November 14	2020	·		
1 1000	01			

Filing Fee: \$25.00