Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200003315613)))



H200003315613ABCV

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099

Phone : (813)932-5244 Fax Number : (813)932-3782

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

Email Address:\_\_\_INFO@ACTIVATEMYLICENSE.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **B2 BUILT LLC**

Certificate of Status	0
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Page Count	05
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Help

Fax: 18139325244

To:

Fax: (850) 617-6383

Page: 3 of 6

09/23/2020 12:49 PM

## **COVER LETTER**

(((H200003315613)))

TO: Registration Se Division of Cor				
SUBJECT: B2 BUIL	T LLC Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	ANDREA SPAS	Name of Person		
	CONTRACTORS R	EPORTING SERVICE INC		
	13795 N NEBRASK	A AVE		: 3
		Address		٠,
	TAMPA, FL 33613	City/State and Zip Code		ر در در
	info@activatemylicel		ication)	7.11.27.
For further information e	oncerning this matter, please c	all:		-5
ANDREA SPAS		813 932-5244		
Name o	Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Stat Certified Copy (additional copy is en	tus &

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

From: Andrea Spas

Fax: 18139325244

To:

Fax: (850) 617-6383

Page: 4 of 6

09/23/2020 12:49 PM

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H200003315613)))

B2 BUILT LLC	- 2
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	3
The Articles of Organization for this Limited Liability Company were filed on $\frac{9/9/2020}{\text{Elorida document number}}$	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:  BZ BUILT LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ab	breviation "L.IC."
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 namagent and/or the new registered office address here:  Name of New Registered Agent:	e of the new registered
New Registered Office Address:  Enter Florida street address	······································
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 ag provisions of all statutes relative to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, being filed to merely reflect a change in the registered office address. I hereby confirm that the lin company has been notified in writing of this change.	familiar with and if this document is

From: Andrea Spas

Fax: 18139325244

To:

Fax: (850) 617-6383

Page: 5 of 6

09/23/2020 12:49 PM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

(((H200003315613)))

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			Remove
			Change
			□∧dd
		🗀 Remove	
			□Change
		□Add	
		Remove	
			□Change
			□Add
			Remove
			□Change
			□Add
		Remove	
			Change
		□Add	
			Remove
			□Change

Ta:

Fax: (850) 617-6383

Page: 6 of 6 09/23/2020 12:49 PM

(((H20000331561 3)))

aIII	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>ote:</u>	tive date, if other than the date of filing:
	rd 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 filed.
ited	Signature of a member or authorized representative of a member
	Suparties of a member or authorized representative of a member
	Brian Zinnona Typed or printed name of signee