

120000336943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

(Business Entity Name)

(Document Number)

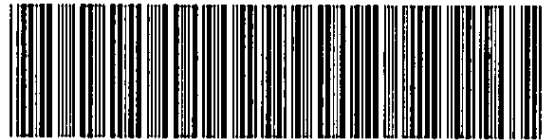
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2021 NOV -1 PM12:31



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 NOV -1 PM 1:04

September 24, 2021

ISAAC BROCKMAN  
6574 N. STATE RD 7  
COCONUT CREEK, FL 33073

SUBJECT: B\_ALL\_NATURAL PRODUCTS LLC  
Ref. Number: L20000336943

We have received your document for B\_ALL\_NATURAL PRODUCTS 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.

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

Alecia Rivers  
Regulatory Specialist II

Letter Number: 421A00023163

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: B\_ALL\_NATURAL PRODUCTS LLC

Name of Limited Liability Company

21 SEP 14 AM 7:37

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ISSAC L. BROCKMAN

Name of Person

Firm/Company

6574 N. STATE RD. 7

Address

COCONUT CREEK, FL 33073

City/State and Zip Code

support@ballnaturalenterprise.com

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

For further information concerning this matter, please call:

ISSAC L. BROCKMAN

877

764-1686

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**

B\_ALL\_NATURAL PRODUCTS 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 10/23/2020 and assigned  
Florida document number L20000336943.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

B ALL NATURAL ENTERPRISE, LLC

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)**

10 Fairway Drive, #182-V

Deerfield Beach, FL, 33441

**Enter new mailing address, if applicable:**

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

6574 N. STATE RD. 7

COCONUT CREEK, FL 33073

**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:

ISSAC L. BROCKMAN

New Registered Office Address:

3641 W Hillsboro Blvd, F210

*Enter Florida street address*

Coconut Creek

*City*

Florida

33073

*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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BROCKMAN, ISSAC L	3641 W Hillsboro Blvd, F210	<input type="checkbox"/> Add
		COCONUT CREEK, FL 33073	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	BROCKMAN, STEPHANIE L	3641 W Hillsboro Blvd, F210	<input type="checkbox"/> Add
		COCONUT CREEK, FL 33073	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

[illegible]

(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.

Dated August 16th 2021

Wm. Branton  
Signature of a member or authorized representative of a member

ISSAC L. BROCKMAN

Typed or printed name of signee