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TALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** B ALL NATURAL ENTERPRISE, 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:

ISSAC L. BROCKMAN

Name of Person

B ALL NATURAL ENTERPRISE, LLC

Firm/Company

6574 N. STATE RD. 7

Address

COCONUT CREEK, FLORIDA 33073

City/State and Zip Code

SUPPORT@BALL.NATURALENTERPRISE.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:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

B ALL NATURAL ENTERPRISE, 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:**

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:**

10 FAIRWAY DRIVE, 3182-V

**(Principal office address MUST BE A STREET ADDRESS)**

DEERFIELD BEACH, FLORIDA 33441

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

6574 N. STATE RD. 7

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

COCONUT CREEK, FLORIDA 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

Florida

*City*

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>
AMBR	BROCKAMN, ISSAC L.	3641 W. HILLSBORO BLVD, F210	<input type="checkbox"/> Add
		COCONUT CREEK, FLORIDA 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, FLORIDA 33073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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TALLAHASSEE

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional) 11 8  
(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)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 JULY 28TH, 2022

  
Signature of a member or authorized representative of a member

ISSAC L. BROCKMAN  
\_\_\_\_\_  
Typed or printed name of signee