1/26/2021

From: Meghan Smith

Division of Corporations



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.

(((H210000357193)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Fax Number : (323)962-3889

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

Email Addr	ess:	 _		
tmair Auor	622.	 _	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **OUR FAMILY B LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00



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JAN 28 2021 C Kinsey TO:

Registration Section

COVER LETTER

Division of Cor	porations			
	ILY B LLC			
SUBJECT: Name of Limited 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:		
	Cheyenne Moseley			
		Name of Person		
	Legalzoom.com, Inc.			
	Firm/Company			
	101 N Brand Blvd 11th Fl			
	<u> </u>	Address		
	Glendale, CA 91203			
		City/State and Zip Code		
	contact.ourfamilyb@gmail.			
	E-mail address: (to be used for future annual report notific	cation)	
For further information c	oncerning this matter, please ca	all:		
Cheyenne Moseley		800 773-0888		
Name C	of Person	at ()	Telephone Number	
Enclosed is a check for t	he 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OUR FAMILY BILLC			
(Name of the Limited Liability Compa (A Florida Limited	iny a <u>s it now appears on our records.)</u> Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000370458</u>	were filed on 11/24/2020	_ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	thty Company," the designation "LLC" or the abbr	eviation "L.1C."	
Enter new principal offices address, if applicable:	6742 Forest Hill Blvd #182 Greenweres, FL 33413		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6742 Forest Hill Blvd #182 Greenweres, FL 33413	2021 JAN 27	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our records, enter-th	ie name of theme	
Name of New Neglsteted Agent.			
New Registered Office Address:	EnterFloridastreet address		
	, Florida	ZipCode	
Now Registered Agent's Signature, if changing Registered Agents	•		

New Registered Agent's Signature, il changing Registered Agent

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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

2021-01-26 14:13:03 PST

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

To: 18506176383

Title	<u>Name</u>	Address	Type of Action
AMBR	Brandon D Beckley	6742 Forest Hill Blvd #182	□ Add
		Greenacres, Fl. 33413	_□ Remove
AMBR	Brigitte M Beckley	6742 Forest Hill Blvd #182	☐ Change
		Greenacres, FL 33413	□ Add
			☐ Remove
			Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
		<u> 2004 - </u>	
			☐ Remove
			∏ Change

From, Meghan Smith

Brandon D Beckley

2021-01-26 14:13:03 PST D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (Optional)
(If an effective date is listed, the date nums be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3xb) 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.

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Filing Fee: \$25.00

Typed or printed name of signee

of a member or authorized representative of a member