## L21000171540



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## **COVER LETTER**

	rision of Co	orporations				
SUBJECT:	2BMANAGED LLC					
		Name of Li	mited Liability Company	·		
The enclosed	d Articles o	f Amendment and fee(s) are su	ibmitted for filing.			
Please return	all corresp	ondence concerning this matte	er to the following:			
		SARAH M. GELTZ				
			Name of Person			
		CORNERSTONE LAW	FIRM PLLC			
			Firm/Company			
		1511 EAST STATE ROA	AD 434, SUITE 3049			
			Address	<del></del>		
		WINTER SPRINGS, FL	32708			
			City/State and Zip Code			
			RNERSTONELAW.COM			
For further in	formation (	concerning this matter, please c	(to be used for future annual report noti	fication)		
		concerning this matter, piease (	can:			
SARAH GEI			407 986-0529 at ()			
	Name o	of Person	Area Code Daytime	e Telephone Number		
Enclosed is a	check for th	he following amount:				
■ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	[2] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regi Divi P.O.	ing Addres istration S sion of C Box 632 ahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Tallahassee, FL	porations allahassee Street, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2BMANAGED	LLC
	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

	(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited I Florida document number L21000171540		were filed on 04/13	3/2021	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	pility company here	;	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	1137 Ocoee Ap	oopka Road, Apor	oka Florida 32703
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:		Mike.Sebben@	2BWiredservices	:com
(Mailing address MAY BE A POST OFFICE BOX)				ω
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office a ss here:	address on our reco	ords, <u>enter the nam</u>	e of the new register
Name of New Registered Agent:	Michael Sebl	ben		
New Registered Office Address:	1137 Ocoee	Apopka Road		
		Enter Florida	street address	
		Apopka	, Florida	32703
New Registered Agent's Signature if showing t		Ciţv		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>	Address	Type of Action
Manager	JOSHUA DIONNE	1137 OCOEE APOPKA RD	
		APOPKA, FL 32703	≘Remove
			□Change
			□Remove
			□Change
<del></del>		<del></del>	□Add
			□Remove
		-	[]Change
		<del></del>	□ Add
			□Remove
			Change
			□Add
			□ Remove
			[]Change
*****			□Add
		□Remove	
			□ Change

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ffective date, if other than the date of filing:	<b></b>
ote. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li	05.02( sted a
ocument's effective date on the Department of State's records.	
record creations a delayed official day language of	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft is filed.	ter the
ated October 9th , 2024 .	
$\sim$ 2 $\sim$ 2	
Signature of a member or authorized representative of a member	
MICHAEL C. SEBBEN  Typed or printed name of signee	

Filing Fee: \$25.00