# 121000325824

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	

Office Use Only



600406704286

· 25

FLORIDA CAPITAL COURI	ER SERVICES, INC
2330 CLARE DRIVE	
TÄLLAHASSEE, FL 32309 (850) 524-5437	;
(850) 524-6243	·
(050) 524 0245	
Please use funds from this a	account: I20210000160 \$ 30.00-
Authorization Signature:	fantille
	L21000325824 <i>0</i>
Business Name	Document #
Cartified Cany of articles	
Certified Copy of articles X Certificate of Status	
_ACertificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Corp	X_Amendment
Not For Profit	
T 1 - 12 - 1 T 1 1 111.	
Limited Liability	Resignation of R.A., Officer/Di
6	Change of Registered Agent
Domestication	Revocation of Dissolution
Other CORP	Merger
CORP	Conversion
LLLP	Amended and restated Articles
	Statement of Authority
OTHER FILINGS	
<u> </u>	REGISTRATION/QUALIFICATION
	· · · · · · · · · · · · · · · · · · ·
Annual Report	Foreign filing
	Limited Partnership
Fictitious Name	Reinstatement
	Reinstatement
Fictitious NameAPOSTILLE Country	

### **COVER LETTER**

Divi	sion of Corpo	rations		
SUBJECT:	B2R Investme			
o will the first			ited Liability Company	
The enclosed	Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please return	all correspond	ence concerning this matter t	to the following:	
		Jay Butler		
			Name of Person	
		Asset Protection Services of	of America	
			Firm/Company	
		701 South Carson Street, S	uite #200	
			Address	
		Carson City, NV 89701		
			City/State and Zip Code	
		Admin@AssetProtectionSer		
		E-mail address: (t	o be used for future annual report notifi	cation)
For further in	formation con	cerning this matter, please ca	ill:	
Jay Butler			at () 461-5255 Area Code Daytime	
	Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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** 

TO:

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**

2023 / R 26 PH 2: 19

B2R Investments, LLC

(Name of the Limited Liability Company as it now annears on

(A Florida	Limited Liabil	ity Company)	ECOLUMN STATE
The Articles of Organization for this Limited Liability C	ompany wer	e filed on July 16, 202	
Florida document number L21000325824	<u>_</u> .		-
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ted liability	company here:	
Residence at Hibiscus Gardens LLC			
The new name must be distinguishable and contain the words "Lim	ited Liability C	ompany," the designation	"LLC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		4637 Vincennes Boulevard	
(Principal office address MUST BE A STREET ADDRESS)		Unit #5	
		Cape Coral, Florida 33904	
Enter new mailing address, if applicable:	46	537 Vincennes Boulevar	rd
(Mailing address MAY BE A POST OFFICE BOX)		Unit #5	
	C	ape Coral, Florida 3390	14
Admin of the Registered Figetti.	ress here:	address on our recanagement LLC	cords, enter the name of the n
		Enter Florida street a	uddress
Cape C	Coral		_, Florida _ <sup>33904</sup>
	<del></del>	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 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>	Type of Action
MGR	Robert Ryan Knight	4637 Vincennes Boulevard	Add
		Unit #5	<b>***</b>
		Cape Coral, Florida 33904	Change
			Add
			☐ Remove
		<del></del>	Change
			□ Add
	_		☐ Remove
			Change
			□ Remove
			Change
			□ Remove
			□ Change
			Remove
			Change

n/a			
	,		
		<del></del>	
<del></del>	<del></del>	<del></del>	
-4			
		· · · · · · · · · · · · · · · · · · ·	
			7023
			三治 温
			26
			7 <b>7</b>
			- 1
			- F - 9 - 9 - 9 - 9 - 9 - 9 - 9 - 9 - 9
ective date, if other than the	date of filing: be specific and cannot be prior to date		_ (optional)
reffective date is listed, the date musi te: If the date inserted in this blo	be specific and cannot be prior to date ock does not meet the applicable st	of filing or more than 90 d	lays after filing.) Pursuant to 605.0
rument's effective date on the De	partment of State's records.		more than the first of
record specifies a delayed he 90th day after the reco	effective date, but not an	effective time, at 1	2:01 a.m. on the earlier
ne som day after the rect	iru is mea.		
ed April 14	2023		
cu	$\frac{1}{2}$		
	1/1/2		
	Tayour ICAN	representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00