## 121000367595

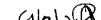
(Requestor's Name)
Allena
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.

Office Use Only



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2021 AUS 23 PH 3: 12



## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Add an Authorized Representitative to a Corporate Filing			
SOBJEC1.		Name of Lim	ited Liability Company	<del></del>
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please returr	ı all correspo	endence concerning this matter	to the following:	
		Barrett Blank		
			Name of Person	
		B2B, L.L.C.		
		***	Firm/Company	
		1015 Atlantic Blvd, #462		
			Address	- <del></del>
		Atlantic Beach, Florida 32	233	
			City/State and Zip Code	
		bblank 1666@comcast.net	to be used for future annual report no	ntification)
For further i	nformation c	oncerning this matter, please c		otire attorn)
Barrett Blan			303 748-1044	
——————		f Person	at () Area Code Days	ima Talanhana Number
	Name o	r Person	Adea Code Dayti	une Telephone Number
Enclosed is	a check for th	ne following amount:		
<b>■</b> \$25.00 ì	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Address:	· satian
Registration Section Division of Corporations			Registration S Division of C	
P.O. Box 6327		•	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B2B, L.L.C.		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 8/17/2021	and assigned
Florida document number L21000367595	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
he new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or register		ie of the new regist
gent and/or the new registered office address here	:	200
		$\sim$
Name of New Registered Agent:		<u>ω</u>
New Registered Office Address:		PH :
1.5.1. Nogloloid Office Addiess.	Enter Florida street address	그 일 - 19
	. Florida	4 75
	, Florida	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 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
MGR	Barrett Blank	1015 Atlantic Blvd., #462, Atlantic Beach, FL 32233	<b>∃</b> Add
			□Remove
			Change
			□Add
			□Remove
			Change
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	8/17/2021
effe <u>te:</u> I	ce date, if other than the date of filing:
cord s file	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 d.
ed _	
	Signature of a member or authorized representative of a member
	Barrett Blank