L21000426301

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(Address)
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(City/State/Zip/Phone #)
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FLORIDA CAPITAL COURIEI	R SERVICES, INC
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	•
(850) 524-5437	
(850) 524-6243	
Please use funds from this accou	unt: I202100000160 : \$30.00
Authorization Signature	Jon Full
B2R Investments Management,	•
BUSINESS	DOC#
Certified Copy of Articles	
X Certificate of Status	
NEW FILINGS	AMENDMENTS
NEW TEINGS	<u> </u>
Profit Corp	X_Amendment
Not for Profit	Resignation of R.A. or member
Officer/Director	Dissolution
Limited Liability	Change of Registered Agent
Domestication	Revocation of Dissolution
Other	Merger
CORP	Conversion
LLLP	Amended and restated Articles
	Statement of Authority
OTHER FILINGS	
OTHER FIEINGS	REGISTERATION/QUALIFICATIONS
Trademark	
Annual Report	Foreign filing
·	Limited Partnership
Fictitious Name	Reinstatement
APOSTILLE	Other
Country	

EXAMINIER'S INITIALS:____

COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:		STMENTS MANAGEMENT	LLC	
		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
		Robert Ryan Knight		
			Name of Person	
			Firm/Company	<u> </u>
		4637 Vincennes Boulevard	I. Unit #5	
			Address	
		Cape Coral, FL 33914		
			City/State and Zip Code	•
		Rob@whitestonedevelopme	entslic.com to be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please co		
Robert Rya	n Knight		239 850-8821 at ()	
	Name of	Person		Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 l	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 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



B2K INVESTMENTS MANAGE			Zd.3. 1: -2 PA I:00		
(Name of the Limi	ted Liability Compa	any as it now appears on o Liability Company)	ur records.)		
The Articles of Organization for this Limited L Florida document number L 21000426301			STATE		
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company here:	•		
N/A					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applie	cable:	4637 Vincennes Boule	evard		
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:		Unit #5			
		Cape Coral, FL 33914			
		4637 Vincennes Bould	evard .		
(Mailing address MAY BE A POST OFFICE	BOX)	Unit #5			
		Cape Coral, Ft. 33914			
B. If amending the registered agent and registered agent and/or the new registered o	or registered of ffice address her	ffice address on our <u>e</u> :	records, enter the name of the new		
Name of New Registered Agent:	Robert Ryan K	night			
New Registered Office Address:	4637 Vincenne	s Boulevard, Unit #5			
		Enter Florida stro	eet uddress		
	Cape Coral		, Florida 33914		
		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>	Address	Type of Action
MGR	Robert Ryan Knight	4637 Vincennes Boulevard	□ Add
		Unit #5	□ Remove
		Cape Coral, FL 33914	` ■ Change
			□ Add
			□ Remove
			□ Change
			□ Add
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·			□ Add
			. □ Remove
			Change
			□ Add
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			Change

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factiva dat	te, if other than the date	of filings		(optional)	7 0	
n effective do ote: If the c	ate is listed, the date must be sp date inserted in this block do ffective date on the Departn	ecific and cannot be prior to dat bes not meet the applicable:	e of filing or more than 90 day	vs after filing.) Pursus	ant to 605. et be liste	0207 d as
record s The 90th	pecifies a delayed effe day after the record is	ective date, but not an s filed.	effective time, at 12	:01 a.m. on the	e earlie	r of
ted	01 - June	2023				
		Tola Hans				
	Signa	ture of a member or authorized	representative of a member			

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Filing Fee: \$25.00