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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS APR 1 4 2022

COVER LETTER

TO: Registration Se Division of Cor			
B2 Propetie			
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	John E. Bennett Jr		
		Name of Person	
	B2 Properties LLC		
		Firm/Company	
	916 Nixon Cir NE		
		Address	
	Palm Bay, FI. 32907		
		City/State and Zip Code	
	jeb.bennett@gmail.com	to be used for future annual report no	atification)
For further information c	oncerning this matter, please c		onication,
John Bennett		321 298-0930 at ()	
Name o	f Person	Area Code Dayti	ime Telephone Number
Enclosed is a check for the	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 Addres Registration		Street Address: Registration S	Section
Division of C	Corporations	Division of C	orporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO FIFD ARTICLES OF ORGANIZATION

OF 2022 HAR 31 PH 6: 44

B2 Properties, LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it not Alph A state Eccords.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on 10/12/2021	and assigned
Florida document number 1.21000445087	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "	LLC" or the abbreviation "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)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		iter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ldress
		. Florida
	City	, Florida

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	John E. Bennett	1371 SE Inglewood Ave. Lake City, FL 32025	
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
			Change
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Note: If the o	te, if other than ate is listed, the date date inserted in the ffective date on the	is block does n	ot meet the app	licable statutor	ng or more than 90 y filing requiren	(optional) days after filing.) I nents, this date w	Pursuant to 605.0207 ill not be listed as
record speci d is filed.	fics a delayed eff	ective date, but	not an effectiv	e time, at 12:01	a.m. on the earl	ier of: (b) The	90th day after the
	28th		2022	·			
Dated							
Dated <u>March</u>	16P		Az.				
Dated March	JER	Signature o	of a member or a	uthorized represe	ntative of a memb	er	