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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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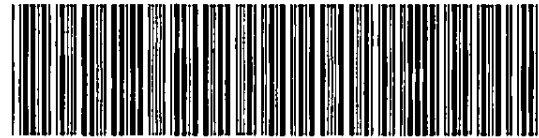
(Business Entity Name)

(Document Number)

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2021 NOV 22 AM 7:02

SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
DEC 09 2021

Registration Section
Division of Corporations

SUBJECT: B Undefined LLC
Name of Limited Liability Company

The enclosed ARTICLES OF Amendment and (certs) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beatrice Restina
Name of Person

Firm/Company

5100 Peric Central Dr # 827
Address

Orlando, FL 32839
City/State and Zip Code

Bundefine@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beatrice Restina 239 333-6810
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
ARTICLES OF ORGANIZATION

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B undefined LLC

SECRETARY OF STATE
TALLAHASSEE, FL

of the Limited Liability Company as it now appears on our records

October 13th 2021

The Articles of Organization for this Limited Liability Company were amended on October 13th 2021
Florida document number 202100447337

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida:

City

Zip Code

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 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:

Amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

File date, if other than the date of filing: _____ (optional)

(Date to be specified shall either be prior to date of filing or more than 90 days after filing.) (Pursuant to BUS.0207 (3)(b))

If the above date does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Date: November 15th 2021

[Handwritten Signature]

Signature of a member or authorized representative of a member

Zachary Bestre

Typed or printed name of signer: