## 121000488982

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
Filing Officer:

Office Use Only



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91/26/22--01003--016 \*\*25.00

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## **Advanced Incorporating Service**

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

, NAME OF ENTITY
Naux B.CLC
FOR OFFICE USE ONLY
PICK ONE:
CERTIFIED COPYPHOTOCOPYC.U.S.
FILING:
CORPORATIONLLCLIMITED PARTNERSHIPGENERAL PARTNERSHIP
FICTITIOUS NAMESERVICEMARK/TRADEMARKAMENDMENT
FOREIGN QUALIFICATIONJUDGMENT LIEN
OTHER
RETRIEVAL:
GOOD STANDING CERT/C.U.SCERTIFIED COPYPHOTOCOPY
Of
APOSTILLE/NOTARY CERTIFICATION REQUEST:
Country
Amount of Documents
DATE /26/22 TIME
Notes:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Navy B, LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number $\frac{L21000488982}{L21000488982}$ .	ed on 11/16/2021 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	ipany here:
he new name must be distinguishable and contain the words "Limited Liability Compa	my," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices 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)	
3. If amending the registered agent and/or registered office address of gent and/or the new registered office address here:	on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
Chy	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	Harry McKee, Jr	1076 Polo Club Dr. NW	
		Marietta, GA 30064	
			□Change
MGR	Harry McKee	1076 Polo Club Dr. NW	<b>=</b> Add
		Marietta, GA 30064	□Remove
			□ Change
			□ Add
			□Remove
			□Change
		<del>.</del>	□Add
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Note: If the date inserted in this	the date of filing:	to 605.0207 (3 be listed as the
f the record specifies a delayed effect ecord is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th date	iy after the
Dated January 26	. 2022	
	Signature of a member or authorized representative of a member	
time and the	Signature of a member or authorized representative of a member	
Harry McKee	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00