

3/29/22, 12:10 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
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**L2200124963**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : EAVENSON, FRASER & LUNSFORD, PLLC  
Account Number : I20140000035  
Phone : (904)567-1162  
Fax Number : (904)567-1065

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: sarah@efli.law

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
KILLER BS VENTURES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2022 MAR 29 PM 12:47

2022 MAR 29 PM 3:03

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KILLER BS VENTURES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Hoffman

Name of Person

Havenson, Fraser & Lunsford, PLLC

Firm/Company

4230 Pablo Professional Court, Suite 250

Address

Jacksonville, FL 32224

City/State and Zip Code

sarah@efli.law

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call.

Sarah Hoffman

904 425-9975  
at ( )  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

KILLER BS VENTURES, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 11, 2022 and assigned  
Florida document number L22000124963.

This amendment is submitted to amend the following:

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 offices address, if applicable:

12854 Kenan Drive, Suite 110

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32258

Enter new mailing address, if applicable:

12854 Kenan Drive, Suite 110

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, FL 32258

B. 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

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

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CLERK OF THE  
COURT  
JACKSONVILLE  
FLORIDA



**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block 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.

Dated March 29, 2022

/s/ Brett T. Buerck

Signature of a member or authorized representative of a member

Brett T. Buerck

Typed or printed name of signee

**Filing Fee: \$25.00**