Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240002031713)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: ZENBUSINESS INC. Account Name Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-0678

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

| C 2.3 |          |  |  |  |
|-------|----------|--|--|--|
| rmall | Address: |  |  |  |

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN B DESIGNS AND REALTY LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25,00 |

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY JUN 12 2024

## **COVER LETTER**

H24000203171 3

|                    | lsion of Cor   |  |   |
|--------------------|--|--|---|
| SUBJECT:           | B Designs  | and Realty LLC                               |   |
|                    |  | Name of Lim                                  | hed Liability Company   |
| The enclosed       | Articles of  | Amendment and fee(s) are sub                 | mitted for filing.  |
| Please return      | all correspo   | ndence concerning this matter                | to the following:   |
|                    |  | Allison Monzon                               |   |
|                    |  | · · · · · · · · · · · · · · · · · · ·        | Name of Person  |
|                    |  | ZenBusiness INC                              |   |
|                    |  |  | Firm/Company  |
|                    |  | 336 E. College Ave Suite .                   | 301   |
|                    |  |  | Address   |
|                    |  | Tallahassee, FL 32301                        |   |
|                    |  | fulfillmenti@zenbusiness.co                  | City/State and Zip Code   |
|                    | ••   | _  | to be used for future annual report notification)   |
| For further in     | iformation co  | oncerning this matter, please c              | ail:  |
| c/o ZenBusi        | iness INC  |  | 844 493-6249  |
|                    | Name of  | Person                                       | at () Area Code Daytime Telephone Number  |
| Enclosed is a      | check for th   | ne following amount:                         |   |
| <b>≡</b> \$25.00 F | iling Fee  | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy Gudditional copy is enclosed: Certified Copy Gudditional copy is enclosed: Certified Copy Gudditional copy is enclosed: |
| Reg<br>Div<br>P.O  | ilingAddress<br>gistration S<br>vision of C<br>), Box 632<br>lahassec, f | section<br>orporations<br>7                  | StreetAddress: 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

H24000203171.3

240002057

| B Designs and Realty LLC  |   |                                      |
|---|---|--------------------------------------|
| (Name of the Limited Liability Comp<br>(A Florida Limited   | iany as it now appears on our<br>Liability Company) | records.)                            |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L22000127554</u>       | y were filed on 2022-03-14                          | and assigned                         |
| This amendment is submitted to amend the following:   |   |                                      |
| A. If amending name, enter the new name of the limited bal  | bility company here:                                |                                      |
| The new name must be distinguishable and contain the words "Limited Liab  | ility Company," the designation                     | n "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | 370 SE Isi Way Deerfiel                             | ld Beach, FL 33441-3538              |
| (Principal office address MUST BE A STREET ADDRESS)   |   |                                      |
|   |   |                                      |
| Enter new mailing address, if applicable:   | 370 SE 1st Way Deerfiel                             | ld Beach, FL 33441-3538              |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |                                      |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records,                             | enter the name of the new registered |
| Name of New Registered Agent:   |   |                                      |
| New Registered Office Address:  | Enier Florida street                                | otláre 53                            |
|   |   | , Florida                            |
|   | 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

| • |   |   |  |
|---|---|---|--|
| 1 | ^ | ٠ |  |
| • | Ш |   |  |
|   |   |   |  |

Page: 4 of 5

2024-06-11 11:10:31 UTC+14

18506176383

From: ZenBusiness User

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> | Name                                    | Address                                  | Type of Action   |
|--------------|---|--|--|
| MGR          | Bruen Motta                             | 370 SE 151 Way DEERFIELD BEACH, FL 33441 | DAdd   |
|              |   |  | □Remove  |
|              |   |  | <b>■</b> Change  |
| AMBR         | Adam Wolff                              | 370 SE ISI Way DEERFIELD BEACH, FL 33441 |  |
|              |   |  | Remove   |
|              |   |  | OChange  |
| <del></del>  |   |  | T T  |
|              |   |  | T Remove   |
|              |   |  | Constitution of the consti |
|              | *************************************** |  | <u>D</u> ygg   |
|              |   |  | □ Remove   |
|              |   |  | □Change  |
|              |   |  | □Add   |
|              |   |  | □Remove  |
|              |   |  | ☐ Change   |
|              |   |  | □Add   |
|              |   |  | □Remove  |
|              |   |  | □Change  |

Īo:

H24000203171 3

| <del></del>  |   |  |   |
|--|---|--|---|
|  |   |  |   |
|  |   |  |   |
|  |   |  | THE   |
|  |   |  |   |
|  |   |  | 303   |
|  |   |  |   |
|  | · · · · · · · · · · · · · · · · · · ·   |  |   |
|  |   |  |   |
| MARINE TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE T |   |  | 44444   |
|  |   |  |   |
| 14-12-1-1  | 77. 0.1. 0.1. 0.1. 0.1. 0.1. 0.1. 0.1. 0  |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
| <u></u>  |   |  |   |
| Note: If the date inserted in this   | the date of filing:  must be specific and cannot be prior to do s block does not meet the applicable e Department of State's records. | ate of filing or more than 90 days after statutory filling requirements, t | tional)<br>er filing.) Pursuant to 605,0207 (3)()<br>bis date will not be listed as the |
| record specifies a delayed effect<br>d is filed  | ctive date, but not an effective time,  | at 12:01 a.m. on the carlier of:   | (h) The 90th day after the  |
| Dated  | 2024  |  |   |
| /s/ Bruna N  | Aotta   |  |   |
| 1111 (131 (231 (131 )  |   |  |   |
|  | Signature of a member or authorize  | d representative of a member   |   |