

L230000037753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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400415122254

09/05/23--01025--023 **25.00

2023 SEP -5 AM 7:32

9/18/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LA B+B Enterprise 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:

Lisa A Baker, Owner
Name of Person

LA B+B Enterprise LLC DBA
Firm/Company
Pitcher Primary Care and Wellness
3156 Coligny St
Address

Fort Lauderdale FL 32935
City/State and Zip Code

Pitcher.PC3150@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa A Baker at 321 374-41785 321-
Name of Person Area Code Daytime Telephone Number 610-
8834

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
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

LAB + B Enterprise LLC

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

2023 SEP 5 AM 7:32

The Articles of Organization for this Limited Liability Company were filed on 9/23/23 and assigned
Florida document number 23000037753

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:

(Principal office address MUST BE A STREET ADDRESS)

3156 Calsey Street
Melbourne FL 32935
(no change)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3156 Calsey Street
Melbourne FL 32935
(no change)

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:

Lisa A Boker

New Registered Office Address:

3156 Calsey St

Enter Florida street address

Melbourne

City

Florida

Zip Code

FL 32935

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.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
BO (member)	Ruth Ann Ferraro Bertuso (the fl)	4383 Long Lake Rd Melbourne FL 32934	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Lisa Q Baker (member)		3156 Co St Melbourne FL 32935	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

The individual never entered into
business control, Lucas or began
employment. The person holds no
interest or ownership of LLC or
DBA.

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

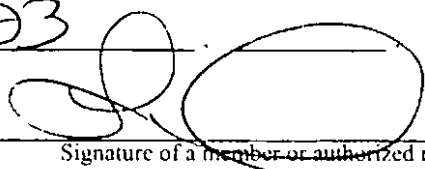
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

8/21/03



Signature of a member or authorized representative of a member

Lisa A Baker

Typed or printed name of signer