L23000038652

(Re	equestor's Name)	
(Ac	dress)	
(Ac	ddress)	
(Cir	ty/State/Zip/Phone #	<i>f</i>)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	if Status
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
B4B - Busi SUBJECT:	ness For Business LLC		3
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Edoardo Potfo		
		Name of Person	
	B4B - Business For Busine	ess LLC	
		Firm/Company	
	8350 NW 52nd Terrace, St	uite 301	
		Address	
	Doral, FL 33166		
		City/State and Zip Code	
	epotfo@gmail.com		
		to be used for future annual report noti	ilcation)
For further information c	concerning this matter, please ca	ıll;	
Edoardo Poffo		513 602-2433	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he 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 Addres	7.5	Street Address:	
Registration		Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

B4B - Business For Business LLC

2023 JUN 12 AM 11: 43

(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	inhibite Community
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000038652</u>	were filed on 1/20/2023 and assigned and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C." 8350 NW 52nd Terrace, Suite 301
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Doral, FL 33166

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

Enter new mailing address, if applicable:

8350 NW 52nd Terrace, Suite 301

Doral, FL 33166

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

New Registered Office Address:		
	Enter Florida street addre	188
	, F	lorida
	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addedor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Edorado D Poffo	8350 NW 52nd Terrace, Suite 301	□Add	
		Doral, FL 33166	□ Remove
			Change
			□Add
			□Remove
			Change
		□ Add	
			□Remove
			□ Remove
			□ Remove
			Change
		□ Add	
			Remove

. ,	
	
	
	
Effective date,	if other than the date of filing: (optional)
(If an effective date	if other than the date of filing:
	e inserted in this block does not theet the applicable statutory filing requirements, this date will not be listed as a ctive date on the Department of State's records.
ne record specifies	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.	
Dated June 6th	
,	Edands D. F.A.
-	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
Edor	ado D Poffo
	Typed or printed name of signee

Til: T #55.07