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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

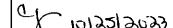
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2023 OCT 17 FH 5: 31



COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT:	Name of Lim	ited Liability Company		
BIJECT: Mane of Limited Liability Company				
Please return all correspo	ndence concerning this matter	to the following:		
	EDOARDO DEPINE POF	FO		
		Name of Person		
B4B - BUSINESS FOR BUSINESS LLC				
		Firm/Company		
	16411 SAPPHIRE PL			
	***	Address		
	WESTON, FL 33331			
	USINESS FOR BUSINESS LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: EDOARDO DEPINE POFFO Name of Person B4B - BUSINESS FOR BUSINESS LLC Firm/Company 16411 SAPPHIRE PL Address WESTON, FL 33331 City/State and Zip Code EPOFFO@GMAIL.COM E-mail address: (to be used for future annual report notification) In concerning this matter, please call: POFFO at (

			ification)	
For further information co	oncerning this matter, please ex	all:		
EDOARDO DEPINE POFFO				
Name of	f Person	Area Code Daytin	re Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
			ection	
=		_		
P.O. Box 632	-		-	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B4B - BUSINESS FOR BUSINESS LLC	2023 OCT 17 PH 5: 31
(Name of the Limited Liability Compa (A Florida Limited l	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 1/20/2023 and assigned
Florida document number L23000038652	
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."
Enter new principal offices address, if applicable:	16411 SAPPHIRE PL
(Principal office address MUST BE A STREET ADDRESS)	WESTON, FL 33331
Enter new mailing address, if applicable:	16411 SAPPHIRE PL.
(Mailing address MAY BE A POST OFFICE BOX)	WESTON, FL 33331
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:	Enter Florida street address
	121 controller
	, 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 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

Title .	<u>Name</u>	Address	Type of Action
MGR	EDOARDO DEPINE POFFO	16411 SAPPHIRE PL	□∧dd
		WESTON, FL 33331	□Remove
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an eff ote:	ive date, if other than the date of filing:
recor is fi	d 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 led.
ated	OCTOBER 10TH 2023
	Edoards D +
	Signature of a member or authorized representative of a member

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