

L23000167919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

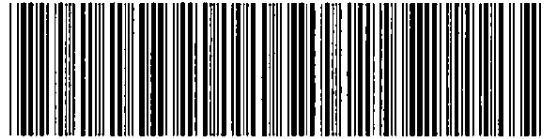
(Business Entity Name)

(Document Number)

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2023 SEP 22 PM 1:21
SECRETARY OF STATE
FALLS CHURCH, VA

PM 1:21

Law Offices of Frye, Fortich & Garcia, P.L.

Attorneys at Law

Austin A. Frye, Esq.
Also admitted in MA & NY

Gustavo A. Fortich, Esq.

Lauren B. Garcia, Esq.

Asset Protection
Corporate Planning
Probate Administration
Estate & Trust Planning
Special Needs Planning
Trust Administration

VIA FEDEX

September 21, 2023

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

RE: B54 LLC
Document Number L23000167919

To whom it may concern:

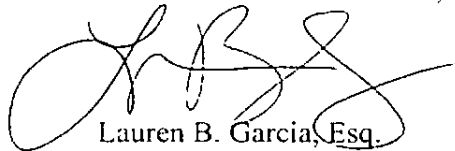
Please find enclosed the following documents in relation to B54 LLC, a Florida limited liability company:

- Cover Letter;
- Articles of Amendment to Articles of Organization; and
- A check for twenty-five dollars (\$25.00) filing fee made out to the Florida Department of State.

Accordingly, please amend the limited liability company.

Sincerely,

LAW OFFICES OF FRYE, FORTICH & GARCIA, P.L.



Lauren B. Garcia, Esq.
lauren@fryelawmiami.com

LBG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: B54 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:

Lauren B. Garcia, Esq.

Name of Person

Law Offices of Frye, Fortich & Garcia, P.L.

Firm/Company

20900 West Dixie Highway

Address

Aventura, FL 33180

City/State and Zip Code

ECOCKCROFT@GMAIL.COM

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

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Lauren B. Garcia 305 931-3200

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

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

B54 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 April 4, 2023 and assigned
Florida document number L23000167919.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Hester Cockcroft	20533 Biscayne Boulevard, #918	<input checked="" type="checkbox"/> Add
		Aventura, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF THE
TALMAN ASSOCIATION

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

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SECRETARY OF STATE
TALLAHASSEE, FL

F. 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 September 20, 2023

Signature of a member or authorized representative of a member

Austin A. Frye, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00