

L24000273217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

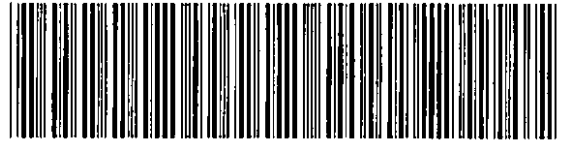
(Document Number)

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J. HORNE  
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10/29/24--01037--004 \*\*60.00

FILED  
2024 OCT 29 PM 12:31  
CLERK OF COURT  
JULIA E. STOUT

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bowens Business Ventures 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:

Willie Bowens

\_\_\_\_\_  
Name of Person

Bowens Business Venture

\_\_\_\_\_  
Firm/Company

38277 SW 192nd ST Lot 12

\_\_\_\_\_  
Address

Homestead FL 33034

\_\_\_\_\_  
City/State and Zip Code

Wbowens21@gmail.com

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

For further information concerning this matter, please call:

Willie Bowens

786

234-5023

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

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**

Bowens Business Ventures LLC

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

FILED  
2024 OCT 29 PM 12:32

The Articles of Organization for this Limited Liability Company were filed on 6/17/24 and assigned  
Florida document number L24000273217.

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:**

2332 Galiano ST 2nd Fl

**(Principal office address MUST BE A STREET ADDRESS)**

Coral Gables 33134

**Enter new mailing address, if applicable:**

18277 SW 192nd ST Lot 12

**(Mailing address MAY BE A POST OFFICE BOX)**

Homestead FL 33034

**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

[illegible]

[illegible]

6/17/24

**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.

Dated 10-21-24

Willie Lowery

Typed or printed name of signee

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Bowens Buiness Ventures LLC

\_\_\_\_\_  
Name of Limited Liability Company

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Willie Bowens

\_\_\_\_\_  
Name of Person

Bowens Business Venture

\_\_\_\_\_  
Firm/Company

38277 SW 192nd ST Lot 12

\_\_\_\_\_  
Address

Homestead FL 33034

\_\_\_\_\_  
City/State and Zip Code

Whowens21@gmail.com

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

For further information concerning this matter, please call:

Willie Bowens

\_\_\_\_\_  
Name of Person

786  
at ( )

Area Code

234-5023

\_\_\_\_\_  
Daytime Telephone Number

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Certificate of Status

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(additional copy is enclosed)

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**Mailing Address:**

Registration Section  
Division of Corporations  
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**Street Address:**

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

FILE  
2024 OCT 29 PM  
PROPERTY OF S  
assigned: [illegible]

**(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 6/17/24

Florida document number L24000273217

**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:**

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***(Principal office address MUST BE A STREET ADDRESS)***

Coral Gables 33134

**Enter new mailing address, if applicable:**

18277 SW 192nd ST Lot 12

***(Mailing address MAY BE A POST OFFICE BOX)***

Homestead FL 33034

**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**

[illegible]



This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

(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)

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.

Signature of a member or authorized representative of a member

Willie Brown  
Typed or printed name of signee

**Filing Fee: \$25.00**