## 198000000978

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
| (Document Homber)                       |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

|                       |        | istration Sect<br>sion of Corpo |   |   |                                       |   |
|-----------------------|--------|---------------------------------|---|---|---------------------------------------|---|
| CED IEZ               | *****  | FIFTEEN B'S                     | S, L.C.   |   |                                       |   |
| SUBJEC                | .1:    |                                 | Name of Limi                                    | ited Liability Company  |                                       | _ <del></del>   |
| The encle             | osed   | Articles of A                   | mendment and fee(s) are sub-                    | mitted for tiling   |                                       |   |
|                       |        |                                 | dence concerning this matter                    | •   |                                       |   |
|                       |        |                                 | ISAAC BRUCE                                     |   |                                       |   |
|                       |        |                                 |   | Name of Person  |                                       |   |
|                       |        |                                 | FIFTEEN B'S, L.C.                               |   |                                       |   |
|                       |        |                                 |   | Firm/Company  |                                       | <del></del>   |
|                       |        |                                 | 3300 N. Fo                                      | ederal Highway Suite 200  |                                       |   |
|                       |        |                                 |   | Address   |                                       |   |
|                       |        |                                 | Ft. Lat   | iderdale, FL 33306  |                                       |   |
|                       |        |                                 |   | City/State and Zip Code   |                                       |   |
|                       |        |                                 |   | fteenb.s@outlook.com  | · · · · · · · · · · · · · · · · · · · |   |
| For furth             | ier ir | formation cor                   | e-man address; of                               | to be used for future annual re                                       | port notification)                    |   |
|                       |        |                                 |   |   |                                       |   |
| i                     | ISA    | AC BRUCE                        |   | at ( <u>239</u> )   | 420-4282                              |   |
|                       |        | Name of F                       | 'erson  | Area Code   | Daytime Telepho                       | one Number  |
| Enclosed              | I is a | check for the                   | following amount:                               |   |                                       |   |
| <b>⊠</b> \$25.<br>Fee | + 00,  | ïling                           | ☐ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclo |                                       | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                       |        | ling Address:<br>gistration Sc  | ection  | Street Add<br>Registrat   | <u>Iress:</u><br>ion Section          |   |
|                       | -      | ision of Co                     |   |   | of Corporation                        | ons   |
|                       | P.C    | ). Box 6327                     | •   | The Cent  | tre of Tallaha:                       | ssec  |
|                       | Tal    | lahassee, Fl                    | _ 32314   | 2415 N.   | Monroe Stree                          | t, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FIFTEEN B'S, L.C.   |  |   |
|---|--|---|
| (Name of the Limi   | ted Liability Company as it now appea<br>(A Florida Limited Liability Company) | rs on our records.)                               |
| The Articles of Organization for this Limited L<br>Florida document number L98000000978 | iability Company were filed on 07  | /06/1998 and assigned                             |
| This amendment is submitted to amend the following                                      | lowing:  |   |
| A. If amending name, <u>enter the new name o</u>  | of the limited liability company h   | <u>ere</u> :                                      |
| The new name must be distinguishable and contain the                                    | words "Limited Liability Company," the c                                       | designation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic  | cable:   |   |
| Principal office address MUST BE A STREI  | ET ADDRESS)  |   |
|   | ,  |   |
|   |  | : 12  |
| Enter new mailing address, if applicable:   |  | ₹ <u>`</u>  |
| •   | © '4   |   |
| Mailing address MAY BE A POST OFFICE  | <u>ΒΟλ)</u>  |   |
|   | <del></del>  |   |
| B. If amending the registered agent and/or agent and/or the new registered office addre | <u>ess here</u> :  | ecords, enter the name of the new registo         |
| Name of New Registered Agent:   | Isaac Bruce  |   |
| New Registered Office Address:  | 3300 N. FEDERAL HIGHWAY  | SUITE 200   |
|   | Enter Flo  | rida street address                               |
|   | FT. LAUDERDALE   | , Florida 33306                                   |
|   | 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>                             | Address                                 | Type of Action |
|--------------|---|---|----------------|
| MGRM         | CARL SANTANGELO                         | 3300 N. FEDERAL HIGHWAY SUITE 200       | 🗆 Add          |
|              |   | FT. LAUDERDALE, FL 33306                | ≣Remove        |
|              |   |   | □ Change       |
|              |   |   | 🗆 🗆 Add        |
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|              |   |   | Change         |

| Fective date, if other than the date of filing:  |                  |                             |                           |   |  |  |
|--|------------------|-----------------------------|---------------------------|---|--|--|
| tect: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as beament's effective date on the Department of State's records.  The specifies a delayed effective date, but not an effective time, at 12:0) a.m. on the earlier of: (b) The 90th day after the is filed.  The specifies a delayed effective date, but not an effective time, at 12:0) a.m. on the earlier of: (b) The 90th day after the is filed.  Signature of a member or authorized representative of a member.   |                  |                             |                           |   |  |  |
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| Signature of a member or authorized representative of a member   | ote: If the date | e inserted in this block do | es not meet the applical  | o date of filing or more to<br>ble statutory filing rec | (optional) han 90 days after filing.) Pur quirements, this date will | rsuant to 605.0207<br>not be listed as |
| Signature of a member or authorized representative of a member   |                  | s a delayed effective date, | but not an effective tin  | ne, at 12:01 a.m. on th                                 | ne earlier of: (b) The 90  | oth day after the                      |
|  | ted              | October 10th                | . 2024                    | _ ·   |  |  |
|  |                  |                             | 2 he                      |   |  |  |
| ISAAC BRUCE  |                  | Signati                     | ire of a member or author | ized representative of a                                | member   |  |
| BOOKS DISTAL   | 10 4 4           | C BRUCE                     |                           |   |  |  |

Filing Fee: \$25.00