

# L13000139527

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

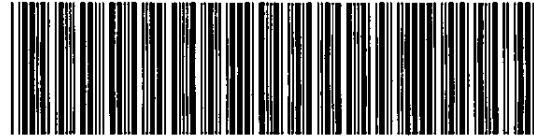
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*add mjr*

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10/15/13--01005--008 \*\*25.00

FILED  
2013 NOV 15 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# **BAT BROTHERS, L.L.C.**

2350 Coral Way Suite 201  
Miami, Florida 33145

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October 11, 2013

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Attached please find documents amending Bat Brothers, L.L.C. As shown, the names are first initial, middle name if there is one, and full last name. The members and managers of the LLC request to appear as such and understand and were advised by M. Milligan of the Division of Corporations regarding the benefits of a first name, but prefer to maintain the names as they currently appear on the amended form attached. Please refer to our previous filing, document number L13000139527.

Sincerely,

JT. Herrera



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Bat Brothers, L.L.C.  
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:

\_\_\_\_\_  
Name of Person  
Jose M. Herrera, P.A.  
\_\_\_\_\_  
Firm/Company  
2350 Coral Way Suite 201  
\_\_\_\_\_  
Address  
Miami, FL 33174  
\_\_\_\_\_  
City/State and Zip Code  
jtherrera@herrerlawfirm.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose-Trelles Herrera at 786 367-7759  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 15, 2013

JOSE M. HERRERA, P.A.  
2350 CORAL WAY  
SUITE 201  
MIAMI, FL 33174

SUBJECT: BAT BROTHERS, L.L.C.  
Ref. Number: L13000139527

We have received your document for BAT BROTHERS, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 913A00024151



If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

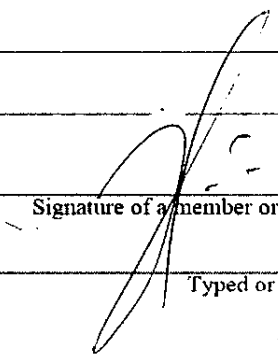
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	G. Lo Bazo	2350 Coral Way	<input type="checkbox"/> Add
		Suite 201	<input checked="" type="checkbox"/> Remove
		Miami, FL 33145	
MGR	L. FRY COX	2350 Coral Way	<input checked="" type="checkbox"/> Add
		Suite 201	<input type="checkbox"/> Remove
		Miami, FL 33145	
MGR	G. Suarez	2350 Coral Way	<input checked="" type="checkbox"/> Add
		Suite 201	<input type="checkbox"/> Remove
		Miami, FL 33145	
MGR	R. Gonzalez	2350 Coral Way	<input checked="" type="checkbox"/> Add
		Suite 201	<input type="checkbox"/> Remove
		Miami, FL 33145	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
2019 NOV 15 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA