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| PICK-UP | MAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
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| Special Instructions to F | Filing Officer: | |
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COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| | omotive L.L.C. | , | 78 |
|-------------------------------|---|---|--|
| SUBJECT: | Name of Lim | ited Liability Company | 20 (5.8) |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | • |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Travis Delancey | | |
| | | Name of Person | <u> </u> |
| | B&T Automotive | | |
| | • • • | Firm/Company | |
| | 857 Taylor Rd | | |
| | | Address | |
| | Port Orange, FL 32127 | | |
| | | City/State and Zip Code | |
| | btautomotivepo@gmail.c | | |
| | E-mail address: (| to be used for future annual report notifi | ication) |
| For further information c | oncerning this matter, please co | all: | |
| Travis Delancey | | 386 631-1429 | |
| Name o | f Person | | Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| | _ | Closs on Elling Eng R | □ ¢40.00 Eiling Co |
| ■ \$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 Addres Registration S | | Street Address: Registration Sec | tion |
| Division of C | | Division of Corp | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

| ARTICLES OF OR | RGANIZATION | * ! |
|--|---|--|
| OF | 7 | 200 |
| B&T Automotive L.L.C. | | Se Section |
| (Name of the Limited Liability Company (A Florida Limited Lia | y as it now appears on our record ability Company) | ls.) |
| The Articles of Organization for this Limited Liability Company w Florida document number L20000011292 | vere filed on | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability | ity company here: | |
| The new name must be distinguishable and contain the words "Limited Liability | y 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) | W-11-7-100-12 | |
| | | |
| B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: | idress on our records, <u>enter</u> | the name of the new registered |
| Name of New Registered Agent: | | 11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 |
| New Registered Office Address: | | |
| | Enter Florida street addres | Z. |
| | | orida |
| Non-Desirable Action of Company of the Company of t | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change. | performance of my duties, as covided for in Chapter 605, | nd I am familiar with and F.S. Or, if this document is |

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> | Type of Action |
|--------------|-----------------|-----------------------|-----------------|
| MGR | Craig Delancey | 509 Delancey road | □Add |
| | | Sudbury, VT 05733 | ■Remove |
| | | | □Change |
| AMBR | Lynn Delancey | 509 Delancey road | |
| | | Sudbury, VT 05733 | ≅ Rетоvе |
| | | . | |
| MGR | Travis Delancey | 857 Taylor Rd | ■Add |
| | | Port Orange, FL 32127 | □Remove |
| | | | |
| | | | □Add |
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| ocumen | it's effective date on the Department of State's records. | |
| record s I is filed | | rth |
| ated | January 24 2020 | |
| | of gnature of a member or authorized representative of a member | |
| | | |

Filing Fee: \$25.00