L25000313616

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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9/18/2025

COVER LETTER

TO: Registration Se Division of Cor					
	IOLDINGS, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	DENNIS BLACKBURN				
	· · · · · · · · · · · · · · · · · · ·	Name of Person	,		
	BLACKBURN & COMPA	ANY, L.C.			
	Firm/Company				
	5150 BELFORT RD. BLDG. 500				
	Address				
	JACKSONVILLE, FL 32256 City/State and Zip Code				
	DLB@BLACKBURNCO.C	COM to be used for future annual report noti	disation)		
For further information c	oncerning this matter, please c		incanon		
DENNIS BLACKBURN	;	904 296-7713			
Name o	f Person	at () Area Code Daytim	ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration		<u>Street Address:</u> Registration Se			
Division of Corporations		Division of Co			
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SCORE, J. STATE TALLAHASSEE, FL

BATTEN HOLDINGS, 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 Liabili	ity Company were fi	led on JULY 15.	2025	_ and assigned
Florida document number 1.25000313616				
This amendment is submitted to amend the followin	ા g:			
A. If amending name, enter the new name of the	limited liability co	mpany here:		
The new name must be distinguishable and contain the words	"Limited Liability Com	pany," the designation	on "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>			
(Principal office address MUST BE A STREET A.	DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BON	<u> </u>			
B. If amending the registered agent and/or registagent and/or the new registered office address he		on our records.	, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			_ 	
New Registered Office Address:		Enter Florida stree	n address	
		, Florida		
	Cu	n'		Zip Code
New Registered Agent's Signature, if changing Regis				
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regi- company has been notified in writing of this char	ind complete perfor ed agent as provide istered office addre	mance of my du ed for in Chapter	ties, and Lam fai r 605, F.S. Or, if	niliar with and 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>	Address	Type of Action
AMBR	Kelley S. Haentjens, Trustee	Janie 2020 Legacy Trust	□Add
		e/o 5150 BELFORT RD BLDG 500	≣Remove
		JACKSONVILLE, FL 32256	□Change
MGR	KELLEY S. HAENTJENS	e/o 5150 BELFORT RD. BLDG 500	≅Add
		JACKSONVILLE, FL 32256	□Remove
			□Remove
			□Remove
			©Change
			🗖 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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Note: If the date inserted in this b	edate of filing:	Pursuant to 605.0207 (3 will not be listed as th
ne record specifies a delayed effective ord is filed.	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	90th day after the
Dated	2025	
	Signature of a member or authorized representative of a member	
DENNIS BLACKBUR	Ni .	

Filing Fee: \$25.00