

MI80000009863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

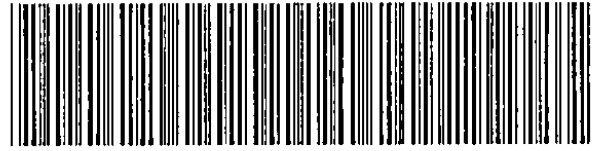
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2020 MAY 12 PM 1:57
TALLAHASSEE, FLORIDA

FILED
2020 MAY 12 AM 8:35
STATE OF FLORIDA
TALLAHASSEE

Y. SULKER

MAY 11 2020

FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 5/12/20

NAME: 1800 BTT, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1800 BTT, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marilyn Kriebel

Name of Person

Firm/Company

1380 El Cajon Blvd., Suite 216

Address

El Cajon, CA 92020

City/State and Zip Code

marilyn@kaafid.com

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

For further information concerning this matter, please call:

Marilyn Kriebel

at (619) 749-0161

Area Code & Daytime Telephone Number

Name of Person

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: 1800 BTT, LLC

Enter new principal office address, if applicable: 1380 El Cajon Blvd., Suite 216

(Principal office address

MUST BE A STREET ADDRESS)

El Cajon, CA 92020

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

1380 El Cajon Blvd., Suite 216

El Cajon, CA 92020

2. The Florida document number of this limited liability company is: M18000009863

3. Jurisdiction of its organization: California

4. Date authorized to do business in Florida: October 31, 2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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.

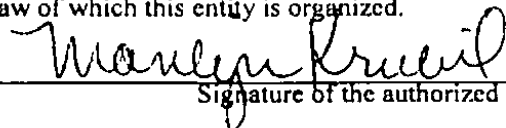
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Jon H. Epsten	10220 Willow Creek Rd. #100	<input type="checkbox"/> Add
		San Diego, CA 92131	<input checked="" type="checkbox"/> Remove
Manager	Frederic L. Link	10220 Willow Creek Rd. #100	<input type="checkbox"/> Add
		San Diego, CA 92131	<input checked="" type="checkbox"/> Remove
Manager	Marilyn Kriebel	1380 El Cajon Blvd., Suite 216	<input checked="" type="checkbox"/> Add
		El Cajon, CA 92020	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Marilyn Kriebel

Typed or printed name of signee

Filing Fee: \$25.00



**Secretary of State
Amendment to Articles of
Organization of a
Limited Liability Company (LLC)**

LLC-2

IMPORTANT — Read instructions before completing this form.

Filing Fee - \$30.00

Copy Fees - First page \$1.00; each attachment page \$0.50;
Certification Fee - \$5.00

Note: You must file a Statement of Information (Form LLC-12), to change the business address(es) of the LLC or to change the name or address of the LLC's manager(s) and/or agent for service of process, which can be filed online at llcbizfile.sos.ca.gov/SI.

FILED

Secretary of State
State of California

APR 27 2020

2cc
Above Space For Office Use Only

1. LLC Exact Name (Enter the exact name on file with the California Secretary of State.)

BTT, LLC

2. LLC 12-Digit Entity (File) Number (Enter the exact 12-digit Entity (File) Number issued by the California Secretary of State.)

2 0 1 8 1 9 3 1 0 1 8 0

3. Now LLC Name (If Amending) (See Instructions — List the proposed LLC name exactly as it is to appear on the records of the California Secretary of State. The name must contain an LLC identifier such as LLC or L.L.C. "LLC" will be added, if not included.)

4. Management (If Amending) (Select only one box)

The LLC will be managed by:



One Manager



More than One Manager



All LLC Member(s)

5. Purpose Statement (Do not alter Purpose Statement.)

The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

6. Additional Amendment(s) set forth on attached pages, if any, are incorporated herein by reference and made part of this Form LLC-2. (All attachments should be 8½ x 11, one-sided, legible and clearly marked as an attachment to this form LLC-2.)

Signature

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.

Sign here

Marilyn Kriebel

Marilyn Kriebel

Print your name here



I hereby certify that the foregoing
transcript of 1 page(s)
is a full, true and correct copy of the
original record in the custody of the
California Secretary of State's office.

MAY 07 2020

TSO

Date: _____

Alex Padilla

ALEX PADILLA, Secretary of State



Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

20-B79195

FILED

In the office of the Secretary of State
of the State of California

APR 27, 2020

This Space For Office Use Only

IMPORTANT — Read instructions before completing this form.

Filing Fee — \$20.00

Copy Fees — First page \$1.00; each attachment page \$0.50;
Certification Fee - \$5.00 plus copy fees

1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)

BTT, LLC

2. 12-Digit Secretary of State File Number
201819310180

3. State, Foreign Country or Place of Organization (only if formed outside of California)
CALIFORNIA

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 1380 El Cajon Blvd., Suite 216	City (no abbreviations) El Cajon	State CA	Zip Code 92020
b. Mailing Address of LLC, if different than item 4a 1380 El Cajon Blvd., Suite 216	City (no abbreviations) El Cajon	State CA	Zip Code 92020
c. Street Address of California Office, if item 4a is not in California - Do not list a P.O. Box 1380 El Cajon Blvd., Suite 216	City (no abbreviations) El Cajon	State CA	Zip Code 92020

5. Manager(s) or Member(s)
If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

a. First Name, if an individual - Do not complete Item 5b Marilyn	Middle Name	Last Name Kriebel	State CA	Zip Code 92020
b. Entity Name - Do not complete Item 5a				
c. Address 1380 El Cajon Blvd., Suite 216	City (no abbreviations) El Cajon	State CA	Zip Code 92020	

6. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL — Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation) Marilyn	Middle Name	Last Name Kriebel	State CA	Zip Code 92020
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 1380 El Cajon Blvd., Suite 216	City (no abbreviations) El Cajon	State CA	Zip Code 92020	

CORPORATION — Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 6a or 6b

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company Real Estate
--

8. Chief Executive Officer, if elected or appointed

a. First Name	Middle Name	Last Name	State	Zip Code
b. Address	City (no abbreviations)	State	Zip Code	

9. The information contained herein, including any attachments, is true and correct.

04/27/2020

Melinda DeCuir

Authorized Agent

Date

Type or Print Name of Person Completing the Form

Title

Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name:

Company:

Address:

City/State/Zip: