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## **COVER LETTER**

ŤO:	Division of Corporations				
SHRI	FCT: FLORIDA	BATL MANAGEMEN	r, LIMITED PART	CNERSHI	P
C ( ) 190	Nan	ne of Florida Limited Par	tnership or Limited	Liability	Limited Partnership
The e	nelosed Certific	ate of Amendment ar	nd fee(s) are sub	mitted f	or filing.
Please	e return all corre	spondence concernir	ng this matter to	:	
JODI-	ANN WALLACE			_	
		Contact Person			
JOSEP	H C. KEMPE, P.A				
		Firm/Company			
941 N.	HIGHWAY ATA				
		Address		_	
JUPIT	ER, FL 33477				
	Ci	ty. State and Zip Code	<u> </u>		
JWAI	LACE@KEMPEL	AW.COM			
E	-mail address: (to b	oe used for future annual	report notification)	_	
For fu	rther information	on concerning this ma	atter, please call	:	
ALLIS	ON OVERTON		at ( <u></u>	747-7	300
Name of Contact Person		Area Code	and Dayti	me Telephone Number	
Enclo	sed is a check fo	or the following amo	unt:		
<b>=</b> \$52	50 Filing Fee	□\$61.25 Filing Fee and Certificate of Status	□\$105.00 Filing and Certified Co		☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Regis Divis The C 2415	Centre of N. Mon	<del></del>	

# CERTIFICATE OF AMENDMENT 2022 MAR 14 PM 12 37

### FLORIDA BATL MANAGEMENT, LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 62 limited liability limited partnership, wh 07/20/2020, as:	ose certi	ficate was filed	with the Florida Department of State on	
adopts the following certificate of amer				
This amendment is submitted to amend the	following	;		
A. If amending name, <u>enter the new name</u> ;	me of the	limited partners	hip or limited liability limited partnership	
BATL MANAGEMENT, LIMITED PARTNE	RSHIP			
New name must b	e distingui:	shable and contain	an acceptable suffix.	
Acceptable Limited Partnership suffixes: Limit Acceptable Limited Liability Limited Partnersh				
B. If amending mailing address and principal office address here:	or princ	cipal office addr	ess, enter new mailing address and/or	
New Principal Office Address: (Must be STREET address)		N/A		
New Mailing Address: (May be post office box)		N/A		
C. If amending the registered agent and/ registered agent and/or the new registere			s on our records, <u>enter the name of the new</u>	
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida street address		
	N/A		, Florida	
		City	Zip Code	

## New Registered Agent's Signature, if changing Registered Agent:

Thereby 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.

<u>itle</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
<del></del> -			Add
			☐ Add ☐ Remove

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

N/A		
	e of filing:_ e than 90 days after th	he date this document is filed by the Florida Department of
State.) Note: If the date inserted in this block does be listed as the document's effective date of	s not meet the applica on the Department of	able statutory filing requirements, this date will not State's records.
		-4- a wait s
Signature(s) of a general partner		
(*NOTE: Only one current general partner removing a "limited liability limited partner when adding or removing a "limited liability limited liability limite	ership" election states	this document unless the limited partnership is adding or ment. Chapter 620, F.S., requires all general partners to sig p" election statement.)
Florida BATL Trading, Inc.		
Florida BATL fraging, Inc.	<del>``</del> ,	
Mars. O		
By: Thomas Donino, President		
	<del></del>	
Signature(s) of all new or dissocia	iting general par	tner(s), if any:
	<del></del>	
	<del></del>	
Filing Fee:	\$52.50	
Certified Copy (optional):	\$52.50	
Certificate of Status (optional):	\$8.75	