L07000110727

(Requ	estor's Name)	
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Ells 7124114

****COVER LETTER**

FO: Registration So Division of Con			
SUBJECT: B&T REA	AL ESTATE CONSULTANTS	S, LLC	
Control	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
		Ted Hofferber	
		Name of Person	
	B&T REA	L ESTATE CONSULTAN	ITS, LLC
		Firm/Company	
		700 11th St S #201	
		Address	
		Naples, Fi 34102	
ν_{ν}		City/State and Zip Code	
•	F-mail address: (ted@bandtconsultants.c to be used for future annual re	
or further information of	concerning this matter, please c	•	port normalion)
Ted H	offerber	at (239)	263-6744
Name o	f Person	Area Code	Daytime Telephone Number
inclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Sed) \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo
	HNG ARRENGS		COUNTED ADDRESS

MAILING ADDRESS:

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B&T REA	AL ESTATE CONSULTA	ANTS, LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears mited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on	10/31/2007	and assigned
Florida document numberL07000110727			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company her	<u>:</u> :	
The new name must be distinguishable and end with the words "Limite	d Liability Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		200
			AR E
			SSR 23
Enter new mailing address, if applicable:			To a m
(Mailing address MAY BE A POST OFFICE BOX)			
			AIE PRID
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, <u>enter</u>	the name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	a 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	ATKINSON, BETH	700 11TH STREET SOUTH, SUITE 201	Add
		NAPLES, FL 34102	■ Remove
MGRM	HOFFERBER, BRYAN	700 11TH STREET SOUTH, SUITE 201	= Add
		NAPLES, FL 34102	Remove
			A JUL 293 AP A CRE DARY OF A LINA ASSEE.
			F of STAND CONTROL OF STAND Add
			Add Remove

If amending any other information, enter change(s) here: (Attach a	idditional sheets, if necessary.
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	<u> </u>
fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of receipt or filed date and ce date this document is filed by the Florida Department of State)	(optional) annot be more than 90 days after
ted July 21 , 2014	
Signature of a member or authorized represe	ntative of a member
Signature of a member or authorized represe TED HOFFERBER	ntative of a member

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Filing Fee: \$25.00

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