

L10000038366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

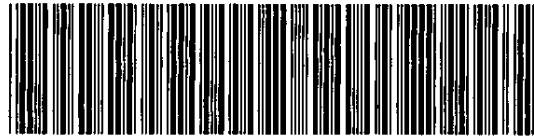
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200179923462

05/03/10--01008--020 **25.00

FILED
2010 MAY 13 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 14 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BT Fabrication LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Phan Binh
Name of Person

BT Fabrication LLC
Firm/Company

5435 NW 10th Ct Apt 302
Address

Plantation FL 33313
City/State and Zip Code

emptyzen@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Binh Phan at (561) 603 9074
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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 ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2010

PHAN BINH
BT FABRICATION LLC
5435 NW 10TH CT., APT. 302
PLANTATION, FL 33313

SUBJECT: BT FABRICATION LLC
Ref. Number: L10000038366

We have received your document for BT FABRICATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 910A00011089

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2010 MAY 13 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BT fabrication 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 Liability Company were filed on April 09, 2010 and assigned
Florida document number 410000038366

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability 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)

B. If amending the registered agent and/or registered office 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member L10000038366

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PHAN, BINH Binh PHAN	5435 NW 10 th Ct Apt 302 Plantation FL, 33313	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	TUAN VAN	5435 NW 10 th Ct Apt 302 Plantation, FL 33313	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
CEO	TUA VAN	5435 NW 10 th Ct Apt 302 Plantation FL 33313	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <u>CPD*</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____

X

Signature of a member or authorized representative of a member

TUAN VAN

Typed or printed name of signee

FILED
2010 MAY 13 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA