## L10000067214

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(Cit	ty/State/Zip/Phone	o #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	cument Number)				
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**EXAMINER** 

SECRETARY OF STATE

## **COVER LETTER**

**Registration Section** 

. Division of Corporations
SUBJECT: BTWG10bal 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:
Deborah Michele Davis
BTWGLOBAL, LLC Firm/Company
10711 Arnez Road Address
Jacksonville, Fl. 32218  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Deborah Davis  at (904) 887-1120  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\sum \text{Certificate of Status}\$ \$55.00 Filing Fee \$\text{Certified Copy}\$ \$60.00 Filing Fee, \$\text{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  Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BTWGLOBAL	LLC	i		
(Name of the Limited Liability Company (A Florida Limited Lia	zas <mark>it now appears on our</mark> ibility Company)	records.)		
The Articles of Organization for this Limited Liability Company with Florida document number $\frac{1000067214}{}$ .	vere filed on Jure 2	4,2010	and assig	ned
This amendment is submitted to amend the following:	*			
A. If amending name, enter the new name of the limited liabili	ity company here:	i		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the	designation '	"LLC" or the abl	breviation
Enter new principal offices address, if applicable:				<u>,</u>
(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 registered agent and/or the new registered office address here:		ords, <u>enter</u>	the name of	the new
Name of New Registered Agent:			구금 원	2.604 Taples
New Registered Office Address:	····		TAS IN	MINERAL T
	Enter Flor	ida street aa , Florida	lariess.	
	City	_	RZip Code	***
New Registered Agent's Signature, if changing Registered Agent:		•	> O	

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 = Mana MGRM = Ma	nger naging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Michael J. Davis	Jackson ville, Fl.	AddRemove
MGR	Michael J. Davis	10711 Arnez Road Jacksonville, Fl. 32218	Add Remove
·			Add Remove
<del></del> .			Add Remove
and the state of t			Add Remove
**************************************	-		Add Remove
D. If amendi	ng any other information, enter change(	(s) here: (Attach additional sheets, if necessary)	SECRATARY SECRATARY
	-	E, FLORIDA	OF STATE
Dated	Deborah Me Signature of a member of	chell Davis or authorized representative of a member	
-	Veborah N	lichele Davis r printed name of signee	<del> </del>

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Filing Fee: \$25.00