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(Document Number)				
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BIVISION OF CONTURATIONS

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JUL 27 2017

COVER LETTER

TO:	Registration Sc Division of Cor			
em ir		STMENTS, LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		E. DAVID BENSADON		
			Name of Person	
		BTT INVESTMENTS, LI	.C	
			Firm/Company	 _
20855 NE 16TH AVE., SUITE C16				
			Address	
		MIAMI, FL 33179		
	City/State and Zip Code edbensadon@gmail.com			
		E-mail address; (to be used for future annual report notifi	eation)
For furt	her information c	oncerning this matter, please co	all:	
E. DAV	'ID BENSADON	1	786 558-2233 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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 Fiting 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BTT INVESTMENTS, LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.13000026920	were filed on 2/21/13	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the abi	previation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	MIRAMAR, FL 33025	01/
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AT ABOVE	17 JUL 21 PH 12: 26
B. If amending the registered agent and/or registered or registered office address her		()·
Name of New Registered Agent:		
New Registered Office Address:	C . C	
	Enter Florida street address	
	, Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = .	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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_	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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If an effe Note: I	e date, if other than the date of filing:	nt to 605,0207 (3 (b) t be listed as the
he reco The ! Dated _	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the other points and the record is filed.	e earlier of:
	Signature of a member or authorized representative of a member	
	L. DAVID SENSADON	

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Filing Fee: \$25.00