

05/01/2014

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L14000065604

5/1/2014

Division of Corporations

Florida Department of State  
Division of Corporations  
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(((H14000104620 3)))



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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : PYNE LAW GROUP  
Account Number : I20110000059  
Phone : (850) 215-9090  
Fax Number : (850) 215-9045

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Email Address: laura.pyne@pyne.lawgroup.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BAT MASTER LLC

Certificate of Status	1
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TALLAHASSEE, FLORIDA

T. Burch MAY 14 2014

( H 14000104620 3 )

COVER LETTER

(H14000 104620 3)

TO: Registration Section  
Division of Corporations

SUBJECT: Bat Master 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:

Laura C. Pyne, Esq.

Name of Person

Pyne Law Group, P.A.

Firm/Company

2309 Frankford Avenue, Suite A

Address

Panama City, FL 32405

City/State and Zip Code

laurapyne@pynelawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Pyne, Esq.

Name of Person

at ( 850 ) 215-9090

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

(H14000 104620 3)

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

(H14000 104620 3)

Bat Master 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 4/22/2014 and assigned Florida document number L14000065604

This amendment is submitted to amend the following:

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

Bat Master Enterprises LLC

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)

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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 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

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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:

(H14000 104620 3)

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</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
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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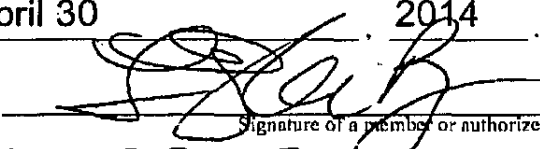
(H14000 104620 3)

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (H 14000104620 3)

Four horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 30, 2014



Signature of a member or authorized representative of a member

Laura C. Pyne, Esq.

Typed or printed name of signer

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