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Florida Department of State
Division of Corporations
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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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: laurapyne@pynelawgroup.com

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

Certificate of Status	1
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BAT MASTER ENTERPRISES 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, Florida 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 C. Pyne, Esq.

850 215-9090

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
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☐ \$55.00 Filing Fee &
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(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECTION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

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JESSIE H. HARRIS
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 15, 2021

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Brett Master

Typed or printed name of signee

Filing Fee: \$25.00

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>	<u>Address</u>	<u>Type of Action</u>
MGR	BRETT MASTER	819 Tech Drive	<input type="checkbox"/> Add
		Lynn Haven, Florida 32444	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	THERESA K. MASTER	819 Tech Drive	<input checked="" type="checkbox"/> Add
		Lynn Haven, Florida 32444	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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