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

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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)

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For further information concerning this matter, please call:

Laura C. Pyne, Esq. at (850) 215-9090
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BAT MASTER ENTERPRISES 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 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:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

819 Tech Drive

(Principal office address MUST BE A STREET ADDRESS)

Lynn Haven, Florida, 32444

Enter new mailing address, if applicable:

819 Tech Drive

(Mailing address MAY BE A POST OFFICE BOX)

Lynn Haven, Florida, 32444

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

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"/> Change

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