7/15/2021 4:28:4 From: 8502159045 Pyne Law Group, P.A. Webfax Page: 1/5

# Florida Department of State Division of Comporations Electronic Faint Carer Sheet

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Email Address: laurapyne @ pynelangroup. (an

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

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Registration Section

TO:

From: 8502159045 Pyne Law Group, P.A. Webfax Page: 2/5

#### **COVER LETTER**

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TER ENTERPRISES LLC			
Name of Limited Liability Company			
Amendment and fee(s) are sub	mitted for filing.		201
ondence concerning this matter	to the following:		SEPTEMBER FOR DRAID
Laura C. Pyne. Esq.			
<u>.</u>	Name of Person		三 三
Pyne Law Group, P.A.			0: 11 0: 11
<del> </del>	Firm/Company	····	
2309 Frankford Avenue, S	uite A		
<u></u>	Address		_
Panama City, Florida 3240	95		
	City/State and Zip Code		_
E-mail address: (	to be used for future annual report notif	neation)	
concerning this matter, please c	ali:		
	850 215-9090		
of Person		e Telephone Numb	er
he following amount:			
\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Status & cd Copy is enclosed)
ss: Section	Street Address:		
	Panama City. Florida 3240  laurapyne@pynclawgroup.  E-mail address: 6  concerning this matter, please of Person  he following amount:  \$30.00 Filing Fee & Certificate of Status	Amendment and fee(s) are submitted for filing.  Amendment and fee(s) are submitted for filing.  Indence 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 notificoncerning this matter, please call:  at (	Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  Laura C. Pyne. Esq.  Name of Person  Pyne Law Group, P.A.  Fitm/Company  2309 Frankford Avenue, Suite A  Address  Panama City. Florida 32405  City/State and Zap Code  laurapyne@pynelawgroup.com  E-mail address: (to be used for future annual report notification)  concerning this matter, please call:  850 215-9090  at (

Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

7/15/2021 4:28:4

### From: 8502159045 Pyne Law Group, P.A. Webfax Page: 3/5

## ARTICLES OF AMENDMENT

#### TO

## ARTICLES OF ORGANIZATION OF

BAT MASTER ENTERPRISES LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our t Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number L14000065604	were filed on April 22, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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, 324	144
Enter new mailing address, if applicable:	819 Tech Drive	
(Mailing address MAY BE A POST OFFICE BOX)	Lynn Haven, Florida, 324	444
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, g	enter the name of the new registe
New Registered Office Address:	Enter Florida street	
	Cin	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent		zip Code
I hereby accept the appointment as registered agent and agr	_	

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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ffective date, if other than t an effective date is listed, the date i	ne date of filing: must be specific and cannot be:	prior to date of filing or n	ore than 90 days after fil	ing.) Pursuant to 605.0207
ote: If the date inserted in this ocument's effective date on the	s block does not meet the ap	plicable statutory filir	g requirements, this d	ate will not be listed as
demient's effective date on the	Department of State s rect	nus.		
record specifies a delayed effect is filed.	ctive date, but not an effecti	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
ated July 15	2021			
111	<del></del>	•		
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Typed or printed name of signee

7/15/2021 4:28:4 From: 8502159045 Pyne Law Group, P.A. Webfax Page: 5/5 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>	Name	Address	Type of Action
MGR	BRETT MASTER	819 Tech Drive	
		Lynn Haven, Florida 32444	□Remove
			\( \exists \) Change
MGR	THERESA K. MASTER	819 Tech Drive	≣Add
		Lynn Haven, Florida 32444	□Remove
			[] Change
			——————————————————————————————————————
			AR Demove
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		□Remove	
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			DAdd
			🗆 Remove
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