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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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TO: Registration Secti	ion	_
Division of Corpo		
SUBJECT:	BNT Home Services UC Name of Limited Liability Company	
	mendment and fee(s) are submitted for filing.	
Please return all correspond	lence concerning this matter to the following:	
	Randy White Name of Person BNT Home Services UC Firm/Company 2357-3 Tamiami TR S. #146 Address Venice FL 34293 City/State and Zip Code LGIRUL & MSn. Com E-mail address: (to be used for future annual report notification)	2017 8CT 11 PH 3: 18
For further information con-	cerning this matter, please call:	
Vinda Name of Po	White at (941) 441-6572 Person Area Code Daytime Telephone Number	
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing	ng Fee

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

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

STREET/COURIER ADDRESS:

Certificate of Status &

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION OF**

BNT Home Seri	ices LC	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L14000075089}$	were filed on <u>05-08-20</u>	19 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	2357-3 Tamiam Venice FL	TR S. #146 34293
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>ento</u> :	
Name of New Registered Agent:		9 -
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
<u></u>	Enter Florida street address, Florida	
	City	Zip & Sile
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 = M $AMBR = A$	Anager ' Authorized Member		
<u>Title</u>	Name .	Address	Type of Action
MGR	Brent Karweck	16120 Maness Rd	
		16120 Maness Rd Sarasota FL 34240	Remove
			Change
MGR	Linda M. White	2357-3 Tamiani TRS. #14	6 Add
		Venice & 34293	Remove
			Change
			Remove
			☐ Change
			П-Add
			©n Ao □ Remove
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	1-16	(optional)
n effective date is listed, the date must be specific and cannot be prior to tee. If the date inserted in this block does not meet the applicable	late of filing or more than 90 day e statutory filing requiremen	s after filing.) Pursuant to 605.0 / ts, this date will not be listed
cument's effective date on the Department of State's records.		
regard appoints a delayed officiality data. but a true	m officialism blancourt 40	.04
record specifies a delayed effective date, but not a he 90th day after the record is filed.	n errective time, at 12	on the earlie
ed Oct le , , 2016		
	4	
Signature of a member or authoriz	ded representative of a member	

Page 3 of 3

Filing Fee: \$25.00