L1500089358

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL.			
(Bu	siness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				

Office Use Only



700274042467

06/22/15--01046--017 **25.00

PILED

2015 JUN 22 P 4: 17

SECRETARY OF STATE

OUN 23 2015

O BRUCE

COVER LETTER

	ision of Corp			
SUBJECT:	BT813 Hold	ings, LLC		
		Name of Limi	ited Liability Company	
The enclosed	d Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Connis O. Brown, III		
			Name of Person	
		Brown Robert, LLP		
			Firm/Company	
		150 N. Federal Hwy., Ste.	#200	
			Address	
		Fort Lauderdale, FL 33301		
			City/State and Zip Code	
		cbrown@brownrobert.com		
For further i	nformation co	E-mail address: (i	to be used for future annual report notificall:	2015 SEC
Connis O. B			954 832-9400 at ()	TAR TAR
Enclosed is	Name of a check for the	Person e following amount:	Area Code Daytime	Telephone Number 7 D # FLORID
\$25.00 I	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BT813 Holdings, LLC		
(Name of the Limite	d Liability Company as it now appears on our records A Florida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Lia	ability Company were filed on 5/20/2015	and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC"	"or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	3 <i>0</i> X)	
		IAs 2
		ASECR
B. If amending the registered agent and/o registered agent and/or the new registered off	or registered office address on our records fice address here:	, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	TATE ORIDA
	Emei Pionau Sireei aaares.)
	, Flo	orida

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>	Address	Type of Action
MBR	Michael J. Brennan	1440 SE 15th Street	☐ Add
		Fort Lauderdale, FL 33316	■ Remove
			☐ Change
•			□ Add
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
			2015 JUN 25 P
			FC STATE Change
		- Labran	□ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

	; ;				. <u> </u>			
				_				
				<u> </u>				
<u> </u>				•			·	
		****				_	*	
	5							
								
						₹ _S	N3 -	
						(m)	2015	ake Tara
						CHET		-
						TARY	22	
						10 m		T
ective date, if of	her than the date	of filing:			(option	47 C/2	Ţ ;	
effective date is lis	ted, the date must be specified in this block do	ecific and cannot be seen of meet the	e prior to date of f applicable statut	iling or more that ory filing requ	n 90 days after fi rements, this o	ilinae)PPurs danaewill	suant to 605. not be liste	020 d a
cument's effective	date on the Departm	nent of State's re	cords.	v.,g.,		E-		
	es a delayed effe		ut not an effe	ective time,	at 12:01 a.	m. on t	he earlie	r c
he 90th day a	fter the record is	s filed.						
June 17		2015						
ed	1 . 1		·					
	11/1/	Y/1 77	4					
160	Signat	ture of a member of	r authorized repre	sentative of a m	ember			
			•					

Page 3 of 3

Filing Fee: \$25.00