# L16000093813

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



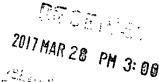
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D. SCOTT MAR 3 1 2017





## FLORIDA DEPARTMENT OF STATE. Division of Corporations

March 13, 2017

BJ COTTRELL 5147 CASTELLO DR NAPLES, FL 34103

SUBJECT: BATEY MANAGEMENT AND CONSULTING, LLC

Ref. Number: L16000093813

We have received your document for BATEY MANAGEMENT AND CONSULTING, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 417A00004757

#### **COVER LETTER**

SUBJECT:	BATEY MAI	NAGEMENT AND CONSU	JLTING, LLC	
SUBJECT:		Name of Lin	nited Liability Company	_
The enclosed	l Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return	all correspond	lence concerning this matter	to the following:	
		BJ Cottrell		
			Name of Person	
		Cottrell Tax & Accounting	g, LLC	
			Firm/Company	<del></del>
		5147 Castello Drive		
			Address	<del></del>
		Naples, FL 34103		
			City/State and Zip Code	- 18E
		admin@cottrelltax.com		_ 吳春丁
For further in	nformation con	E-mail address: ( cerning this matter, please c	(to be used for future annual report notification)	表 28 程 Selfingson
BJ Cottrell			239 449-4881 at ( )	ENGRAPIA
	Name of P	erson	Area Code Daytime Telephone Nun	nber 5
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	O Filing Fee, ficate of Status & fied Copy fonal copy is enclosed)

#### MAILING ADDRESS:

TO:

Registration Section Division of Corporations

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

(Name of the Live	•	
(trame of the Lin	nited Liability Company as it now appears on ( (A Florida Limited Liability Company)	our recorus.)
The Articles of Organization for this Limited	Liability Company were filed on $\frac{05/12/2}{1}$	and assigned
lorida document number L16000093813	,	
his amendment is submitted to amend the fo	llowing:	
If amending name, enter the new name	of the limited liability company here:	
Ryan G Batey, LLC		•
he new name must be distinguishable and contain the	words "Limited Liability Company," the designs	tion "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appl	Saalala'	
	,	
<u> Principal office address MUST BE A STRE</u>	ET ADDRESS)	<del>-</del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	E BOX)	
		756
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s. If amending the registered agent and	Nor registered office address on our	records enter the name of the
egistered agent and/or the new registered	office address here:	Secondary Children of the
Name of New Registered Agent:	Cottrell Tax & Accounting, LLC	105 -
New Registered Office Address:	5147 Castello Drive	5点 5
	Enter Florida sti	eet address
	Naples	, Florida <sup>34103</sup>
	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:

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	***************************************		
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			☐ Change
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Page 3 of 3

Filing Fee: \$25.00