L16000114631

(Re	equestor's Name)	
(Ad	dress)	<u>,,</u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:		stration Sect sion of Corpo		•	
SUBJEC	ΥТ.	BQT CAPITA	AL, LLC		
SOBJEC	-1.				
The encl	osed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn	all correspond	dence concerning this matter	to the following:	
			JOSEPH A. BARTHOL		
				Name of Person	
				Firm/Company	→ TAS
10129 CANOE BROOK CIRCLE					16 JUL -8
				Address	L-8
			BOCA RATON, FL 3349		
			JBARTHOL2000@YAHO		AMIL: 50
For furth	ner in:	formation con	E-mail address: (accerning this matter, please co	to be used for future annual report notification)	
JOE BA				561 909-5163 at ()	
· · · · · · · · · · · · · · · · · · ·		Name of P	Person	Area Code Daytime Telephone Number	
Enclosed	d is a	check for the	following amount:		
\$25.4	00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &

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

BOT CAPITAL, 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 MAY 31, 2016 and assigned Florida document number _____L16000114631 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	Type of Action
MGRM	KEITH DERY	PO BOX 30410	
		FT. LAUDERDALE, FL 33303	■ Remove
			☐ Change
			Add
			□ Remove
			Change SECRETO
			- Rove FOL
			Charles Charles
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Effective date, if other than	the date of filing:		(optional)	
If an effective date is listed, the date	must be specific and cannot be p	rior to date of filing or more than	90 days after filing.) Pursuant to 60:	
document's effective date on the			rements, this date will not be list	ied as
ne record specifies a dela The 90th day after the		not an effective time, a	at 12:01 a.m. on the earli	er of
Dated	2016			
Jank le	0	uthorized representative of a me		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00