1/600/40034

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DIVISION OF CORPORATION

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COVER LETTER

D. 1777 C. 2017	211.6		
SUBJECT: BATS ON		· 	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gary Altman		
		Name of Person	
	Altman & Associates		
		Firm/Company	
	11300 Rockville Pike, Suit	ne 708	
		Address	
	Rockville, Maryland 2085		
	gary@altmanassociates.net	City/State and Zip Code	
		to be used for future annual report not	fication)
For further information of	concerning this matter, please ca	ali:	
Gary Altman		301 468-3220	
Name o	of Person		te Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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 enclose
	ING ADDRESS:	STREET/COUR Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BATS ONE LLC		
(Name of the Limited Liah (A Flor	oility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L16000140034</u>	Company were filed on July 26, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADd	DRESS)	SE SIN C
Enter new mailing address, if applicable:		CRETARY ON OF G
(Mailing address MAY BE A POST OFFICE BOX)		36 \$240
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	·	£ 55.
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	a
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
President	Bakshi, Bikram	9036 Bronson Drive	
		Potomac, Maryland 20854	■ Remove
			Change
			Add
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			☐ Change
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<u>te:</u> If th	ie date inserted in t	his block does r	iot meet the	applicable	statutory filir	g requirements	taiter filing.) Put s. this date will	not be lis	35.02 sted :
cument :	s effective date on	the Department	of State's re	ecords.					
record	specifies a de	layed effectiv	ve date, b	ut not an	effective	ime, at 12:	01 a.m. on	the earl	lier
The 901	th day after the	e record is fil	ed.						
	Anna	211	2018	;					
ted	1 Majust	1		·					
		<u>/</u>							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00