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| Certified Copies           | Certificates of         | Status      |
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| Special Instructions to Fi | iling Officer:          |             |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: BTY ant Enterprise Group LLC  Name of Limited Liability Company  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:   |
| Lade II Bryant Name of Person   |
| Firm/Company  |
| 3589 Coyote Creek Drive   |
| City/State and Zip Code  Kimmie Kakestreats Wamai. com  E-mail address: (to be used for future annual report notification)        |
| For further information concerning this matter, please call:  |
| Lade I Bryart at (250) 334-8020  Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| □ \$25.00 Filing Fee   □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status  |
| Mailing Address:  Registration Section  Division of Corporations  Street Address:  Registration Section  Division of Corporations |

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (A Florida Lin   | company as it now appears on our retords.)  nited Liability Company) |                     |
|--|--|---------------------|
| The Articles of Organization for this Limited Liability Completion of Complete Florida document number 1600/63889.                           | 0/1/   | and assigned        |
| This amendment is submitted to amend the following:  |  |                     |
| A. If amending name, enter the new name of the limited   | l liability company here:  |                     |
| The new name must be distinguishable and contain the words "Limited  | Liability Company," the designation "LLC" or the abb                 | reviation "L.L.C."  |
| Enter new principal offices address, if applicable:  |  | <u>, 20</u>         |
| (Principal office address MUST BE A STREET ADDRES  | <u>S)</u>  | )                   |
|  | <u> </u>   | 16                  |
|  |  | f [                 |
| Enter new mailing address, if applicable:  |  | <b>R L L</b>        |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | و و                 |
|  |  | <u>6</u>            |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent: | ffice address on our records, enter the name                         | of the new register |
| <u> </u>   |  |                     |
| New Registered Office Address:   |  |                     |
| New Registered Office Address:   | Enter Florida street address   |                     |
| New Registered Office Address:   | , Florida  | Tin Code            |
| New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent   | , Florida  | Zip Code            |

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 addec or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>         | Address 320/ Securoif Drive                                      | Type of Action |
|--------------|---------------------|--|----------------|
| DIR          | Raymond L. Bryant & | Address 3201 Seawolf Drive 18 TALL, FL 32312 2 3599 Cofote Creek | ŒAdd           |
|              |                     |  | □Remove        |
|              |                     |  | □ Change       |
| DIR          | Bonnie Bryant       | 3201 Seawolf Drive, IAH<br>FL 32312                              | 12/Add         |
|              |                     |  | □Remove        |
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| lf an cf<br><u>Note:</u> | ive date, if other than the date of filing:    S / I / Z   Optional  |
| aocun                    |  |
| e reco                   | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led. |
| e recor                  |  |
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Filing Fee: \$25.00