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COVER LETTER

Division of Co			
Batesman	rt, LLC		
	Name of Lie	mited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Sean Bates		
	Batesmart, LLC	Name of Person	
	19441 lonesome pine dr	Firm/Company	
	land o lakes, fl 34638	Address	
	seanbatesfl@hotmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
sean bates		813 992-8921	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 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

Batesmart, LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our recorda Limited Liability Company)	rds,)
The Articles of Organization for this Limited Liability	y Company were filed on 1/10/2017	and assigned
Florida document number L17000007566	<u></u> .	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	.imited Liability Company," the designation "LI.	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADd	DRESS)	3
)
		 نب
Enter new mailing address, if applicable:		つ
Mailing address MAY BE A POST OFFICE BOX		= = = = = = = = = = = = = = = = = = = =
		(3
 If amending the registered agent and/or reg egistered agent and/or the new registered office ad 	sistered office address on our record	is, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
_	Enter Florida street addre	722
		lorida
	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
AMBR	Kelly C Betes	19441 Lonesome Pine Dr Land o Lakes, FL 34638	
			
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	be specific and cannot be ck does not meet the ar	prior to date of to	filing or more than 90 tory filing requirer	(optional) days after filing.) Punents, this date wil	rsuant to 605,020 I not be listed as
e record specifies a delayed The 90th day after the reco	effective date, but rd is filed.	not an effe	ective time, at	12:01 a.m. on	the earlier o
December 5	2018	·			
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Filing Fee: \$25.00