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VISION OF CORPORATIONS

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COVER LETTER

Div	ision of Cor	porations		
SHRIFCT.				
SUBJECT.		Name of Lim	ited Liability Company	 -
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		TEDDY BARTEE		
		Name of Person R AND T BARTEE ENT LLC Firm/Company 2421 NW 13 STREET Address POMPANO BEACH FL 33069 City/State and Zip Code TBARTEES3@GMAIL.COM E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: SE Area Code Daytime Telephone Number ck for the following amount: See \$\Bigcirc \$30.00 \text{ Filing Fee & } \Bigcirc \$555.00 \text{ Filing Fee & } \Bigcirc \$60.00 \text{ Filing Fee}.		
		R AND T BARTEE ENT I	Name of Limited Liability Company ce(s) are submitted for filing. g this matter to the following: TEE Name of Person RTEE ENT LLC Firm/Company STREET Address EACH FL 33069 City/State and Zip Code GMAIL.COM and address: (to be used for future annual report notification) ter, please call: 1754 366-7419 31 (Area Code Daytime Telephone Number nt: g Fee & S55.00 Filing Fee & S60.00 Filing Fee, of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) Certificate Copy	
			Firm/Company	
	Firm/Company 2421 NW 13 STREET Address			
		Name of Person R AND T BARTEE ENT LLC Firm/Company 2421 NW 13 STREET Address POMPANO BEACH FL 33069 City/State and Zip Code		
		POMPANO BEACH FL 3.	3069	
		Name of Person R AND T BARTEE ENT LLC Firm/Company 2421 NW 13 STREET Address POMPANO BEACH FL 33069 City/State and Zip Code		
				
		E-mail address: ()	to be used for future annual report notifi	ication)
For further in	nformation co	oncerning this matter, please ca		
TEDDY BA	RTEE		754 366-7419	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

TO:

Registration Section

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

R AND T BARTEE ENT LLC		
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
he Articles of Organization for this Limited Liability	Company were filed on 01/16/2018	and assigned
lorida document number L18000013009		
his amendment is submitted to amend the following:	:	
a. If amending name, enter the new name of the li	imited liability company here:	
he new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or re		ter the name of the
egistered agent and/or the new registered office a	ddress here:	8 7 1516
		EB 3
Name of New Registered Agent:		\
New Registered Office Address:		2 P
	Enter Florida street address	∵
_	, Florida	
	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
MGR	TEDDY BARTEE	2421 NW 13 STREET	= Add
		POMPANO BEACH , FL 33069	□ Remove
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Effecti	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pri		
(II an ett	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will	ursuant to 605.0 Il not be listed	1207 (3 1 as th
	- All Afficient description of the December of Court I.		
	ent's effective date on the Department of State's records.		
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Filing Fee: \$25.00