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| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | MAIL | |
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| TO: | Registration Se Division of Cor | | | * |
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| SHRIF | BTGN PRO | PERTIES LLC | | |
| SOBJEC | <u> </u> | | ited Liability Company | |
| The encl | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | turn all correspo | ndence concerning this matter | to the following: | |
| | | EKATERINA KISSELEV | A | |
| | | | Name of Person | |
| | | EGK SOLUTIONS LLC | | |
| | | | Firm/Company | |
| | | 7901 4TH ST N STE 103 | | |
| | | | Address | |
| | | SAINT PETERSBURG FL | ORIDA 33701 | |
| | | | City/State and Zip Code | |
| | | OFFICE@EGKSOLUTION | | |
| | | E-mail address: (t | o be used for future annual report notif | ication) |
| For furth | er information co | oncerning this matter, please ca | ill: | |
| EKATERINA KISSELEVA | | VA | at () 214 2848 Area Code Daytime | |
| | Name of | f Person | Area Code Daytime | Telephone Number |
| Enclosed | is a check for th | e following amount: | | |
| = \$25.0 | 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 Address: 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

| BTON PROPERTIES LLC | | |
|--|---|------------------------------|
| (<u>Name of the Limited Liability Con</u> (A Florida Limit | npany as it now appears on our records ed Liability Company) | <u>r</u>) |
| The Articles of Organization for this Limited Liability Compa | my were filed on 01/18/2018 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| he new name must be distinguishable and contain the words "Limited Li | ability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | <u></u> | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | 7901 4TH ST N STE 103 SAINT PETERSBURG FLORI | DA 33702 0 |
| Annual desired by the second s | | - 100 d |
| If amending the registered agent and/or registered office gent and/or the new registered office address here: | e address on our records, <u>enter t</u> | the name of the new regis |
| | | 2 |
| Name of New Registered Agent: | . | |
| New Registered Office Address: | Enter Florida street address | |
| | , Flo | rido |
| | 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 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 |
|--------------|-------------------|------------------------------|----------------|
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| Tective date, if other to an effective date is listed, the ote: If the date inserted in ocument's effective date | edate must be specific and in this block does not r | i cannot be prior neet the applic | to date of filing on able statutory f | or more than 90 d | ays after fil | ing.) Purs | uant to 60 not be lis | 05.020 sted a |
| record specifies a delayed is filed. | l effective date, but not | an effective ti | me, at 12:01 a. | m. on the earlic | er of: (b) | The 90th | h day aft | ter the |
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