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COVER LETTER

TO:

ГО:	Registration Se Division of Cor			
SUBJEC	BTBX, LL	(·		
.,		Name of Lim	ited Liability Company	
The enct	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
dease re	eturn all correspo	ondence concerning this matter	to the following:	
		Richard B. Wilkes, Esq.		
			Name of Person	
		Richard Benjamin Wilkes,	P.A.	
			Firm/Company	
		600 South Magnolia Aven	ue, Suite 200	
			Address	
		Tampa, FL 33606		
		rwilkes@rbwilkes.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notif	lication)
for furth	er information c	oncerning this matter, please ca	ıll:	
Richard	B. Wilkes		813 254-6060 at ()	
	Name o	f Person		e Telephone Number
Enclosed	l is a check for th	ne 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BTBX, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/23/18}{2}$ and assigned Florida document number 1.18000020379 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	<u>Address</u>	Type of Action
AMBR	Trina L. Nguyen	c/o South Magnolia Avenue	
		Suite 200	≅ Remove
		Tampa, FL 33606	□ Change
AMBR	Richard B. Wilkes	c/o South Magnolia Avenue	
		Suite 200	≡ Remove
		Tampa, FL 33606	
	<u></u>	<u> </u>	
		 ,	Remove
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Filing Fee: \$25.00