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COVER LETTER

Divisio	on of Corpo	rations		
LI SUBJECT:	BTI Enterpr	ises LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed A	rticles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all	l correspond	lence concerning this matter	to the following:	
		Renee Borchin		
			Name of Person	
		LBTI Enterprises LLC		
			Firm/Company	
		2619 Golden Antler Ln		
			Address	V
		Lutz, FL 33559		
			City/State and Zip Code	
		lbtienterprisesllc@gmail.co		
		E-mail address: (to be used for future annual report not	tification)
For further info	rmation con	cerning this matter, please ca	all:	
Renee Borchin			401 368-6412 at ()	
	Name of P	erson		ne Telephone Number
Enclosed is a ch	neck for the	following amount:		
■ \$25.00 Filin	ng 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:

TO:

Registration Section

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

LBTI Enterprises 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 April 09, 2018 and assigned Florida document number L18000088779 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 "LLC" or the abbreviation "LLC." 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: Renee L. Borchin Name of New Registered Agent: 2619 Golden Antler Ln New Registered Office Address: Enter Florida street address Lutz City

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.

f 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>	Name	Address	Type of Action
AP	Borchin, Jacob R	2619 Golden Antler Ln	□ Add
		Lutz, FL 33559	■ Remove
			Change
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Affective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this bloom	late of filing: be specific and cannot ck does not meet t	he applicable	e of filing or more statutory filing re	(option than 90 days after find quirements, this continued to the continue	ling.) Pursuant to 605.02
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Page 3 of 3

Filing Fee: \$25.00