

L18 0000 98274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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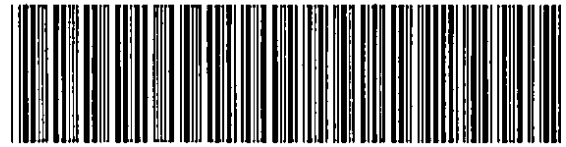
(Business Entity Name)

(Document Number)

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07/19/22--01018--020 **25.00

S. CHATHAM

OCT 10 2022

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 JUL 19 PM 3:16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BT SOUTH 1, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETE BOLAND

Name of Person

BT SOUTH 1, LLC

Firm/Company

29 3RD ST N

Address

ST PETERSBURG, FL 33701

City/State and Zip Code

PETE@MARYMARGARETS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETE BOLAND

727 612-6686
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

BT SOUTH I, 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 4/18/2018 and assigned
Florida document number L18000098274.

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 "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:

PETE BOLAND

New Registered Office Address:

29 3RD ST N

Enter Florida street address

ST PETERSBURG

City

, Florida 33701

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ROGER ZEGHIBE	29 3RD ST N	<input type="checkbox"/> Add
		ST PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PETE BOLAND	29 3RD ST N	<input checked="" type="checkbox"/> Add
		ST PETERSBURG, FL 33701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	IAN TAYLOR	29 3RD ST N	<input checked="" type="checkbox"/> Add
		ST PETERSBURG, FL 33701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AARON VAN DORA	29 3RD ST N	<input checked="" type="checkbox"/> Add
		ST PETERSBURG, FL 33701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

22 JUL 19 PM 31 16
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U.S. DEPARTMENT OF JUSTICE
DIVISION OF CONSTITUTIONAL RIGHTS

22 JUL 19 PM 3:16

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 JUL 19 PM 3:15

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

PETER M. BOLAN

Filing Fee: \$25.00