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## **COVER LETTER**

Division of Co	rporations		
SUBJECT:	3thentic LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jordan	Ander Som  Name of Person	
		Name of Person	
	Bthentic	Firm/Company	
		Firm/Company	···
	1211 E Kenned	of Blud Uml #133	
	<del></del>	Address	
	Tampa	FL 33602 City/State and Zip Code	
		City/State and Zip Code	
	Create @	bthentic. com to be used for future annual report not	
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Jordan A	Inderson	at (213) 395 Area Code Daytin	- 0645
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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** 

TO:

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

## **Amendment Cover Letter**

Jordan Anderson

1211 E Kennedy Blvd Unit #133 Tampa, FL 33602

(813) 395-0045

# **ARTICLES OF AMENDMENT** TO ARTICLES OF ORGANIZATION

Bthentic LLC	
(Name of the Limited Liability Company as it now appears on or (A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company were filed on Aug- Florida document number	31, 2018 and assigned
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 designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<b></b>
Principal office address MUST BE A STREET ADDRESS)	SEP SEP
	<b>1</b> √∞2 × × × × × × × × × × × × × × × × × × ×
Enter new mailing address, if applicable:	AH 7:
Mailing address MAY BE A POST OFFICE BOX)	7: <b>4:5</b>
3. If amending the registered agent and/or registered office address on our egistered agent and/or the new registered office address here:	records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	<del></del>
Enter Florida stre	et address
•	, Florida
City	Zip Code

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
+ MBR	Jordan Anderson	1211 E Kennedy Bird Unil # 133 Tampa, FL 33652	🗆 🗛 dd
		Tampa, FL 33602	Remove
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ed 9/11/2018	
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Signature of a member of authorized representate	ive of a member

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Filing Fee: \$25.00