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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Bart-timi Orlando 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:	
David J. Delito Name of Person	
Bor-tivi Oclando Firm/Company	
814 Windergrove CT.	
Ocoer, Fl. 34761	
City/State and Zip Code  Bartini: Orlando @ GMAI/. Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
David De U. to at (467) 680 · 8546  Name of Person Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$	Status & y

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Bart - tini Orlanda LL (2019 APR 22 PM 4:5°	
Bart- fini Danda LL (2019 APR 22 PM 4: 5?  (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 $\frac{2/18/19}{49}$ and assigned Horida document number $\frac{L/19000047673}{49}$	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:  BAT - Tiwi Or lando LLC.  The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."	<del></del>
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)	_ _ _
3. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	nev
Name of New Registered Agent:	_
New Registered Office Address:	
Enter Florida street address	_
, Florida	

#### 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Remove
			Change
			Add
			Remove
			Change
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fective	e date, if other than the date of filing:	(optional) ste of filing or more than 90 days after filing.) Pursuant to 605,0207
<u>ote:</u> 11 (	the date inserted in this block does not meet the applicable	statutory filing requirements, this date will not be listed as i
ocument	it's effective date on the Department of State's records.	
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record The 90	rd specifies a delayed effective date, but not ar Oth day after the record is filed.	n effective time, at 12:01 a.m. on the earlier of
ated	4/17/ 2019.	
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Filing Fee: \$25.00