L19000 152329

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



400335474034

10/23/19--01020--002 **25.00

2019 OCT 23 PM 3: 13

90 CO 22.1

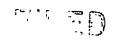
COVER LETTER

TO:		ration Sector of Corp			
eud ie.		r metlik	A, LLC		•
SUBJE	CI:		Name of Lim	ited Liability Company	
The enc	losed A	ticles of A	mendment and fee(s) are sub	mitted for filing.	
Please r	eturn all	correspon	dence concerning this matter	to the following:	
			BRIAN METLIKA		
				Name of Person	
			BT METLIKA, LLC		
				Firm/Company	
			8204 White falls Blvd, Un	it 103	
				Address	
			Jacksonville FL 32256		
				City/State and Zip Code	
			brianmetlika@gmail.com		
			E-mail address: (to be used for future annual report not	ification)
For furtl	her infor	mation cor	cerning this matter, please co	all:	
BRIAN	METL	KA		904 563-7780 at ()	
-		Name of I	Person	Area Code Daytin	ne Telephone Number
Enclose	d is a ch	eck for the	following amount:		
₩ \$ 25.	.00 Filin	g 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



2019 OCT 23 PM 3: 13

BT METLIKA, LLC				
(Name of the Limited	Liability Compa Florida Limited	ny as it now appears Liability Company)	on our records.)	,
The Articles of Organization for this Limited Liab Florida document number L19000152329	pility Company	were filed on 06/1	10/2019	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	ility company her	<u>re</u> :	
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the des	signation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		8204 WHITE FALLS BLVD		
(Principal office address MUST BE A STREET ADDRESS)		UNIT 103		
		JACKSONVILL	E, FL 32256	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0.x0</u>			
				
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, <u>ent</u>	er the name of the
Name of New Registered Agent:	BRIAN METL	IKA		
New Registered Office Address:	8204 WHITE F	FALLS BLVD, UNI	T 103,	
		Enter Floria	la street address	
	JACKSONVIL	LE	, Florida	32256
		City		7 in 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>	Address	Type of Action
AMBR	BRIAN METLIKA	8204 White falls Blvd	

		Unit 103	□ Remove
		Jacksonville Florida 32256	
			Change
			
			☐ Remove
		*****	Add
			☐ Remove
			Change
			
			Remove
			Change
			D Add
	-1-4	□ Remove	
		□ Change	
			Add
			□ Remove
			□ Change

). If amending any ot	her information, enter change(s) here: (Attach additional sheets, if necessary.)
. 	
	
<u></u> ,	
 	
 	
(If an effective date is liste Note: If the date inse	ner than the date of filing:
the record specifies) The 90th day aff	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ter the record is filed.
Dated Sept 13th	3 T M
	Signature of a member or authorized representative of a member BRIAN T METLIKA Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00