

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : R&P ACCOUNTING AND TAXES INC
Account Number : I20170000090
Phone : (305)358-1310
Fax Number : (305)503-6701

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: arod8723@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BATT2GO LLC

| | |
|-----------------------|---------|
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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AUG 29 2022

C. Brumley

2022 AUG 29 PM 1:26

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BATT2GO 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 07/09/2019 and assigned
Florida document number L19000177498

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**)

7400 Miami View Drive ,

North Bay Village , FL 33141

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

7400 Miami View Drive ,

North Bay Village , FL 33141

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:

R&P ACCOUNTING & TAXES, INC

New Registered Office Address:

150 SE 2ND AVE STE 404

Enter Florida street address

MIAMI

Florida 33131

City

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

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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 | RENATO ELIA | 8281 SW 142ND ST | <input type="checkbox"/> Add |
| | | PALMETTO BAY , FL 33158 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | RAUL MATHISON | 7400 MIAMI VIEW DR | <input checked="" type="checkbox"/> Add |
| | | North Bay Village , FL 33141 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | ARTURO GARCIA | 7400 MIAMI VIEW DR | <input checked="" type="checkbox"/> Add |
| | | North Bay Village , FL 33141 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | ANTONIO COMENARES | 7400 MIAMI VIEW DR | <input type="checkbox"/> Add |
| | | North Bay Village , FL 33141 | <input type="checkbox"/> Remove |
| | | | <input checked="" 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 |

