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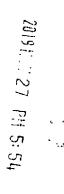
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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11/27/19--01808--021 **25.00



R. WHITE

COVER LETTER

TO: Registration Sec Division of Corp		,	
SUBJECT: BK	Tutt Investr	ments LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Kyl.	a Dares Name of Person	
	 	Firm/Company	
	4710 Fair	lea Dr. Address	
	Valrice Kyla C	City/State and Zip Code City/State and Zip Code Cares @ gmail. o be used for future annual report noti	COV fication)
For further information con	ncerning this matter, please ca		
Kyla Do	erson	at (<u>\$1.8</u>) <u>\$13</u> Area Code Daytim	4487 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Investments LLC (0)	9 K37 27 PH 5: 53
(<u></u>	d Liability Company as it now appears on ou A Florida Limited Liability Company)	, , , , , , , , , , , , , , , , , , , ,
The Articles of Organization for this Limited Lia		and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/o	***	records, enter the name of the new
Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida stre	et address
		. Florida
	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

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 = Au	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AHBR MGR	Brandon Tutt	4710 Fairlea Dr. Valricor, FL 33596.	<u> </u>
110111			Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	D Add
			□ Remove
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			🗆 Add
			□ Remove
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			_□ Remove
			_□ Change

D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	<u> </u>
(If an effecti <u>Note:</u> If t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	November 14th 2019
	Signature of a member or authorized representative of a member
	Ky La Dares Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00