## 122000073288

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## **COVER LETTER**

TO: F	Registration So Division of Cor	ection porations		
eun me	B&T Green	Solutions, LLC	ŕ	•
SUBJEC <sup>*</sup>	1:	· Name of Lir	nited Liability Company	<u> </u>
The enclo	sed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please reti	arn all correspo	indence concerning this matter	to the following:	
		Thomas G. Green		
			Name of Person	
		·	Firm/Company	
		1259 Walnut CT		
			Address	<del></del>
		Rockledge, FL 32955		
			City/State and Zip Code	<del></del>
		BTGHomeImprovements@	*	
For further	information co	E-mail address: ( oncerning this matter, please c	to be used for future annual report notif all:	ication)
Thomas G	-		321 412-6204 at ()	_
	Name of	Person	Area Code Daytimo	: Telephone Number
Enclosed is	s a check for th	e 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 Tollahoness Et 22214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

**B&T** Green Solutions, LLC 2022 FEB 28 AH 7: 26 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) concern 27 SECRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on February 14, 2022 SEE, FL Florida document number L22000073288 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: B.T.G Home Improvements. LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Agens: New Registered Office Address: Enter Florida street address

## 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.

\_\_\_, Florida \_\_\_

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
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_	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
f an effect Note: If	e date, if other than the date of filing:  ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
record s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2-23-2022
	Signature of a member or authorized representative of a member
	Thomas Granted name of signee
	100 mgs (XCCO)