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(Requestor's Name)					
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PICK-UP WAIT MAIL					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer;					
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T LLC					
SUBJECT:Name of Limited Liability Company					
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ndence concerning this matter	to the following:				
CASSANDRA BUI					
	Name of Person				
B&T FIRST LLC					
	Firm/Company				
4312 OLD DOMININON	ROAD				
	Address				
ORLANDO FLORIDA 32	2812		1023 FEB SECH TALL		
	City/State and Zip Code				
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	•	cation)	AF S		
	407 353-7468		AHIO: 02 OF STATE CEE, FL		
Person		Telephone Number			
ne following amount:					
☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filin Certificate Certified Certif	of Status &		
<u>s:</u> Section	<u>Street Address:</u> Registration Sec	tion			
Registration Section Division of Corporations		orations			
P.O. Box 6327 Tallahassee, FL 32314					
	Amendment and fee(s) are substance concerning this matter CASSANDRA BUI B&T FIRST LLC 4312 OLD DOMININON ORLANDO FLORIDA 33 BTFIRSTLLC@GMAIL.C E-mail address: 6 concerning this matter, please concerning this matter, please concerning this matter, please concerning this matter.	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: CASSANDRA BUI Name of Person B&T FIRST LLC Firm/Company 4312 OLD DOMININON ROAD Address ORLANDO FLORIDA 32812 City/State and Zip Code BTFIRSTLLC@GMAIL.COM E-mail address: (to be used for future annual report notification of the concerning this matter, please call: 1	Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: CASSANDRA BUI Name of Person B&T FIRST LLC Firm/Company 4312 OLD DOMININON ROAD Address ORLANDO FLORIDA 32812 City/State and Zip Code BTFIRSTLLC@GMAIL.COM E-mail address: (to be used for future annual report notification) oncerning this matter, please call: Area Code Terson at (407 / Area Code) Daytime Telephone Number the following amount: Certificate of Status Certified Copy (Certificate Copy (Stadditional copy is enclosed)) See Certificate Copy (Certificate Copy (Certificate Copy (Stadditional copy is challenged)) See Certificate Copy (Certificate Copy (Certificate Copy (Certificate Copy (Certificate Copy (Copy		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B&T FIRST LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	v were filed on 1/31/2023	and assigned
Florida document number L23000056172		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		023
		27
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	.	<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	. ,
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		la
	Cinv	Zin Cade

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>	<u>Address</u>	Type of Action
MGR	CASSANDRA BUI	4312 OLD DOMINION ROAD ORLANDO FL	. 32812 ■ Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
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			All Files
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			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Signature of a member or authorized representative of a member Cassandra Bui Typed or printed name of signee

Filing Fee: \$25.00