

L23000173859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

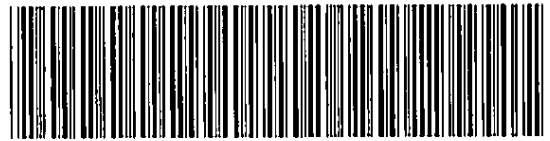
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400408685374

SEP 11 2023 10:11 AM

FILED
2023 SEP -1 PM 12:44
SEP. CLERK OF STATE
TALLAHASSEE, FL

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2023

BRIAN L. NGUYEN
BTN VENTURE, LLC
808 E DORCHESTER DR
ST JOHNS, FL 32259 US

SUBJECT: BTN VENTURE, LLC
Ref. Number: L23000173859

We have received your document for BTN VENTURE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez
Regulatory Specialist II

Letter Number: 323A00015439

FILED
2023 SEP - 1 PM 12:44
TALLAHASSEE
FLORIDA
DEPARTMENT OF STATE

SEP 01 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BTN VENTURE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRIAN L. NGUYEN

Name of Person

BTN VENTURE, LLC

Firm/Company

808 E DORCHESTER DR

Address

ST JOHNS, FL 32259 US

City/State and Zip Code

admin@btnventure.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN L. NGUYEN

Name of Person

904

at ()

Area Code

615-6889

Daytime 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2023 SEP - 1 PM 12:44
CLERK OF STATE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BTN VENTURE, 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 04/11/2023 and assigned
Florida document number L23000173859.

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)

808 E DORCHESTER DR

ST JOHNS, FL 32259

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 600402

ST JOHNS, FL 32260

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: BRIAN L. NGUYEN

New Registered Office Address: 808 E DORCHESTER DR

Enter Florida street address

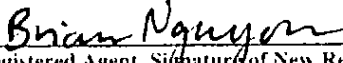
ST JOHNS, Florida 32259

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	NGUYEN, TIFFANY	808 E DORCHESTER DR	<input type="checkbox"/> Add
		ST JOHNS, FL 32259	<input checked="" type="checkbox"/> Remove
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
20 SEP - 1 PM 12:44
STATE OF FLORIDA
TALLAHASSEE, FL

2023 SEP - 1 PM 12:44
STATIONARY OFFICE
TALLAHASSEE, FL

FILED
2023 SEP - 1 PM 12:44
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

(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)

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.

Dated 8/28, 2023

Brian Nguyen

Signature of member or authorized representative of a member

BRIAN L. NGUYEN

Typed or printed name of signee

Filing Fee: \$25.00