## L23000303191

| (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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06/28/23--01017--017 \*\*25.00



R. HUNT 06/28/23



TO: Registration Section **Division of Corporations** BT 5031, LLC SUBJECT: 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: Charles Ervin Name of Person Firm/Company PO Box 9200 Address Sebring, FL 33871 City/State and Zip Code Alanjay01@me.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Charles Ervin 863 314-5325 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BT 5031, LLC

|   | rs on our records.)                            |             |                   |          |
|---|--|-------------|-------------------|----------|
| e Articles of Organization for this Limited Liability Company were filed on Jur   | ne 23, 2023                                    |             | and               | assigned |
| orida document number L23000303191  |  |             |                   |          |
| is amendment is submitted to amend the following:   |  |             |                   |          |
| If amending name, enter the new name of the limited liability company he  | ere:   |             |                   |          |
| 5301, LLC   |  |             |                   |          |
| new name must be distinguishable and contain the words "Limited Liability Company," the de  | esignation "LLC" or                            | the abbn    |                   | "L.L.C." |
| ter new principal offices address, if applicable:   |  | ·           | 123<br>123<br>123 |          |
| rincipal office address MUST BE A STREET ADDRESS)   | <u>.                                      </u> |             |                   |          |
| incipal office united 1/2007 DE /1 5 (1/2) [ /1D/03/2009  |  | <u></u>     | ڊ <u>را</u>       |          |
| <del></del>   |  | (N = 1      | <del></del>       | (*!***   |
|   |  | OF S        | P.                |          |
| ter new mailing address, if applicable:   |  | * <u>C.</u> | <del>- ü-</del>   | <u> </u> |
|   |  | 24 ل        |                   |          |
| Initial address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our re  | ecords, enter the                              | FL III      |                   | new regi |
| Idiling address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our re  | ecords, enter the                              | <u>- ਜੀ</u> |                   | new regi |
| Idiling address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our regent and/or the new registered office address here:  Name of New Registered Agent:  | ecords, enter the                              | <u>- ਜੀ</u> |                   | new regi |
| If amending the registered agent and/or registered office address on our reent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:              | ecords, enter the                              | <u>- ਜੀ</u> |                   | new regi |
| If amending the registered agent and/or registered office address on our reent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:              |  | e name      | of the            |          |
| If amending the registered agent and/or registered office address on our reent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Flore | rida street address                            | e name      | of the            |          |
| If amending the registered agent and/or registered office address on our reent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:              | rida street address                            | e name      |                   |          |

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 |
|--------------|-------------|-------------|----------------|
|              |             |             | □ Add          |
|              |             |             | □Remove        |
|              |             |             | □Change        |
|              |             |             | □Adđ           |
|              |             |             | □Remove        |
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| l is filed.  |                      |
| is filed.  | Oth day after the    |
| June 26 2023   | our day arter are    |
| June 26 2023<br>ated   |                      |
|  |                      |
| $\triangle L$  |                      |
| Signature of a member or authorized representative of a member   |                      |

Filing Fee: \$25.00