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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000363339 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TIER ONE LICENSES LLC

Account Number : I20230000120 : (321)989-7356 Fax Number : (321)341-8522

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jpbattenl@aol.com

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BATTEN DOWN THE HATCHES CONSTRUCTION, LLC

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### **COVER LETTER**

(((H230003633393)))

To: +18506176383

TO: Registration Division of C	Section orporations		
BATTEN SUBJECT:	DOWN THE HATCHES CO	NSTRUCTION, LLC	
	Name of Li	mited Liability Company	
The enclosed Articles of	of Amondmon, and Early	1	
	of Amendment and fee(s) are su		
Please return all corresp	ondence concerning this matte	r to the following:	
	Michael E. Batten		
		Name of Person	
	BATTEN DOWN THE F	HATCHES CONSTRUCTION, LLC	•
		Firm/Company	
	1218 Cooper Dr		
		Address	
	Naples/Florida 34103		
	jpbatten!@aol.com	City/State and Zip Code	
	=	to be used for future annual report notif	(cation)
For further information of	concerning this matter, please o		,
Jeannette P. Batten		239 825-4167	
Name (	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Malling Addres</u> Registration S		Street Address:	
Division of C		Registration Section of Com-	tion
P.O. Box 632		Division of Corp The Centre of Ta	OFAHONS Mahassee
Tallahassee, I	FL 32314		Street Suite 910

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

From: +13213418522 (Lisa Adams)

(((H23000363339 3)))

BATTEN DOWN THE HATCH	ES CONSTRUCTIO	N, LLC	
(Name of the Lin	(A Florida Limited	ny as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited   Florida document number L23000395274	Liability Company		
This amendment is submitted to amend the fol			
A. If amending name, enter the new name	-	lity company here:	
The new name must be distinguishable and contain the			
The new name must be distinguishable and contain the Enter new principal offices address, if appli			
(Principal office address MUST BE A STRE			
Enter new malling address, if applicable:			
(Mailing uddress MAY BE A POST OFFICE	' ROY)	-	<u> </u>
	<u>DOM</u>		<del></del>
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office as ss here: Jeannane P. Ban		nter the name of the new registered
New Registered Office Address:	1218 Cooper DR		
		Enter Florida street a	ndress
	Naples		, Florida <sup>34103</sup>
New Registered Agent's Signature, if changing I	Dantas and	City	Zip Code
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registere accept the obligations of my position as registering filed to merely reflect a change in the secompany has been notified in writing of this	d agent and agree er and complete p stered agent as pr registered office a change.	erjormance of my dutie. ovided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is a that the limited liability

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# . If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

From: +13213418522 (Lisa Adams)

MGR = Manager AMBR - Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Michael E. Batten	1218 Cooper DR	
		Naples, FL 34103	
MGR	Jeannette P. Batten	1212 ( )	<b>■</b> Change
		1218 Cooper DR	
		Napics, FL 34103	□Remove
			□Change
MGR		1643 Waccamaw Shores RD	■Add
		Lake Waccamaw, NC 28450	
			□Change
·····		<del></del>	
			□ Remove
			Change
			DAdd
			El Remove
- <del></del>			
			□Remove
			Change

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To: +18506176383

Please add the EIN t	o the record as well.	The EIN is 93-3	709598	
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			<del></del>	
fective date, if other than the neffective date is listed, the date interest of the date inserted in this becament's effective date on the I	ust be specific and cannot be policied the an	prior to date of filing plicable statutory ords.	(option or more than 90 days after this ling requirements, this	onal) filing.) Pursuant to 605.020 date will not be listed a
ecord specifies a delayed effecti is filed.	ve date, but not an effecti	ve time, at 12:01 a.	m. on the earlier of: (b	The 90th day after the
October 12	2023			
	Signature of aunember or a			
I	DIRECTION TO STUDBING	uthorists and	irm of a	