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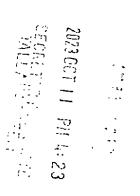
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## COVER LETTER

TO:	Registration Se Division of Cor		4	**
	втрв LLC	,		
SUBJ	ECT:			
		Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Brian Tiyaloglu		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
				2023
			Firm/Company	
		3734 Old Lighthouse Circl	e	
			Address	
		Wellington, FL 33414		2023 OCT 11 FM 4: 2
		btiyaloglu@gmail.com	City/State and Zip Code	<del></del> ్ జై: 'ట్
		E-mail address: (	to be used for future annual report notif	lication)
For fu	rther information c	oncerning this matter, please c	all:	
			at ()	e Telephone Number
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	sed is a check for the	he following amount:		
<b>≡</b> \$2	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 Addres		Street Address:	
Registration Section Division of Corporations			Registration Sec Division of Cor	
P.O. Box 6327			The Centre of T	•
	Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BTDB LLC				
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our reco Limited Liability Company)	<u>rds.</u> )		
The Articles of Organization for this Limited Liability Co. Florida document number	ompany were filed on		and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "Ll	.C" or the abl	previation "L.	.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDR	<u></u>			
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		<b>三</b> 高	30	; ;
Enter new mailing address, if applicable:				•
Mailing address MAY BE A POST OFFICE BOX)		10	5	- :
Maning undress MAT BE A TOST OFFICE DOX			<u> 24 − − − − − − − − − − − − − − − − − − </u>	. 40.7
			2	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, ente	er the name	ယ e <u>of the ne</u> v	w regist
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street addr	955		
	isati i ionaa sireei aaa	CJA		
		Florida	Zin Coda	-
<del></del> -	City , 1	Florida	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> MGR	<u>Name</u> Brian Tiyaloglu	Address 3734 Old Lighthouse Cir	Type of Action
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		Wellington, FL 33414	□ Remove
			<b>≅</b> Change
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ctive date, if other than the date of filing:		0.711	(o	ptional)		
effective date is listed, the date must be specific and cannot be : If the date inserted in this block does not meet the ap	plicable sta	of filing or more atutory filing r	than 90 days a equirements,	itter titing. this date	) Pursua will no	nt to 605.02 t be listed
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