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(Add	ress)	······
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
	sutlants LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fec(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Robert P. Ward Jr		
		Name of Person	
	BTIF Consultants LLC		
	-	Firm/Company	
	27250 Williams Rd		
		Address	
	Bonita Springs, FL 34135		
		City/State and Zip Code	
	sward@sherwinpainters.cor		
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please of	all:	
Robert P. Ward Jr		847 312-9700 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addre		Street Address:	ation
Registration Division of	Section Corporations	Registration Se Division of Cor	
P.O. Box 63	-	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B11F Consultants LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	<u>.</u>
he Articles of Organization for this Limited Liability C	Company were filed on 5/9/2024	and assigned
lorida document number 1.24000218237	<u>_</u> .	
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
	*******	-1 3
inter new mailing address, if applicable:		٠.
Mailing address MAY BE A POST OFFICE BOX)		
		٠.:
 If amending the registered agent and/or registered gent and/or the new registered office address here: 	d office address on our records, enter the	name of the new regist
Name of New Registered Agent:		M-1-11-11
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
**************************************	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>	Name	Address	Type of Action
AMBR	Swanette Ward	27250 Williams Rd, Bonita Springs, FL 34135	🗀 Add
			≘ Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
	-		🗀 Add
			□ Remove
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			□Remove
			□Change
			□Add
			[][Change

						
						
						
						
Effective date, if other than the (5/5	9/2024		4	4:	
If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot ck does not meet the	he applicabl		nore than 90 day:		
e record specifies a delayed effective rd is filed.	date, but not an ef	Tective time	e, at 12:01 a.m.	on the earlier	of: (b) The 9	0th day after the
November 12	20.	24				
Dated November 12	· 20	24				
Dated	Signature of a memb		ed representative	of a member		