## L24000407700

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Ďo	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	
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## **COVER LETTER**

ΓO:	Registration Sec Division of Corp				
SUBJEC	BBTT, LLC				
		Name of Lin	nited Liability Company	_	
		Amendment and fee(s) are sub	_		
lease re	eturn all correspon	dence concerning this matter	to the following:		
		John Cadden			
			Name of Person		_
		Condominium Advisory C	Group, LLC		
			Firm/Company		- 2
		3660 North Lake Shore D	rive Suite 200		SECT BANG
		<del></del>	Address		
		Chicago, IL. 60613			10 No.
			City/State and Zip Code		2024 CCT -2 MI 9: 54 5ENTE MY WAR AT AT
		E-mail address: (	to be used for future annual report noti	fication)	学 望
or furth	er information cor	ncerning this matter, please c	all:		
John Ca	dden		312 890-3338		
· · ·	Name of I	Person	Area Code Daytime	e Telephone Numbe	г
Enclosed	is a check for the	following amount:			
<b>■</b> \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
	Mailing Address:		Street Address:		

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

BBTT, LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L24000407700	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
BDTT, LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		2024 OS
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10 00 mm
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	dress on our records, <u>enter the na</u>	ame of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	

## 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.

City

Zip Code

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
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			□Remove
			☐ Change
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f an effective date is	other than the	be specific and	I cannot be prior	r to date of tiling	or more than 90 days	optional)	suant to 605.0207
	inserted in this blo ive date on the De				ning requirements	s, this date will	not be listed as
record specifies d is filed.	a delayed effective	date, but not	an effective t	ime, at 12:01 a.	m, on the earlier o	of: (b) The 90t	h day after the
Santanilia	24		2024 A				

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