## 735614

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, Fl. 32314

BETMAR OWNE NAME OF CORPORATION:	ERS. INC.		
735614 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are so	abmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
<u> </u>	(Name of Contact Pe	erson)	
ANNE M. MALLEY, PA			
	(Firm/ Company	·)	
36739 COUNTY ROAD 52, SUITE 105			
	(Address)		· ·
DADE CITY, FL 33525			
	(City/ State and Zip (	Code)	-
ADMIN@BETMAR.ORG			
E-mail address: (to be us	sed for future annual rep	ort notificatio	n)
For further information concerning this matter, plea	ise call:		
Tom Frain	at	813	782-0403
(Name of Contact Pers		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida l	Department of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Statu	\$ \$43.75 Filing Fee s  Certified Copy (Additional copy is enclosed)	Certit s Certit (Add	0 Filing Fee Teate of Status Ted Copy Itional Copy is Osed)
Mailing Address  Amendment Section	· · · · · · · · · · · · · · · · · · ·	eet Address	ion
Amenament Section Division of Corporations		vision of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

BETMAR OWNERS, INC.

FILED

(Name of Corporation as currently filed with the Flori	da Dept. of State)	202411AR 18	D'' 6 .
735614		1777 10	rn 3:47
(Document No	umber of Corporation (if known)		•••
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Co	orporation adopts the	following
A. If amending name, enter the new name of the corpo	oration:		
N/A			The new
name must be distinguishable and contain the word "corp" (Company" or "Co." may not be used in the name.	poration" or "incorporated" or the ab	breviation "Corp." o	or "Inc."
B. Enter new principal office address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
			•
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		name of the	
N/A	ice address.		
Name of New Registered Agent:			<del></del>
	(Florida street a	ddress)	
New Registered Office Address:		,	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I at	ered Agent: m familiar with and accept the obliga	tions of the position.	
	Signature of New Registered Agent	, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X. Change X. Remove X. Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add		<u>N/A</u>	
Remove			
2) Change Add			
Remove 3 ) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		<u> </u>	
Remove			
		onal Articles, enter change(s) here: essary). (Be specific)	
Article 9 of the Articles of	f Income	oration are amended as follows:	
The hylaws of the Corner	ration are	to be made, amended or rescinded by two-thirds vote	of the members present and
		pecial meeting called for that purpose, previous notice	
given to the membership.			

		·	<u> </u>	
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	<del> </del>			
				<del></del>
	<del></del>	<u>-</u>		·
The date of each amendment(s) adoption date this document was signed.	on:			, if other than the
Effective date if applicable:				
	(no more than 90 o	lays after amendme	nt file date)	
Note: If the date inserted in this block do document's effective date on the Department	es not meet the app ent of State's record	licable statutory fili ds.	ng requirements, this dat	e will not be listed as the

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Adoption of Amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were
adopted by the board of directors.
Dated 3/4/2024
Signature Study of the board provident or other officer if directors
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
GEORGE C FERRALL (Typed or printed name of person signing)
PRESIDENT
(Title of person signing)