NAME NAME	200	1 UNIFORM BUSI	NESS REPO	RT (UBI	R)				
Principal Place of Business See But Note way Cornel Carles 91 3134  2. Synotropial Place of Business Sold Williams Sold Place For Sold Place						EILED			
Malling Address Sea Bill TARGE WAY CORAL GABLES PL 33194  2. Ejincipal Place of Business 3. Malling Address of Survey Sea Bill TARGE WAY CORAL GABLES PL 33194  2. Ejincipal Place of Business 3. Malling Address of Survey 3. Malling Address 4. Malling Address	BETACO	M, L.L.C.	3		B	B E 044 01.33			
2. Bindpal Place of Pulicianes 304 PALER NO A V Sure, April 1, etc.  Sur	Principal Plac	ce of Rusiness	•	01 FF	EB -2. AM IO. 33	•			
Suite, Apt. B., etc.	536 BILTMOR	E WAY		SECR TALLA	SECRETARY OF STATE AT TALL AHASSEE, FLORIDA				
Suite, Apt. 6, etc.  Suite, Apt. 6, etc.  Suite, Apt. 6, etc.  COV & State COVAL CARLES FL CV & State COVAL CARLES FL CARLES FL COVAL C									
S. Country  S. Country  S. Country  S. Country  S. Conflicate of Status Desired   \$5.00 Additional Fee Required Repert  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  CUEVAS & RUBIN, P.A.  Sas BILTMORE WAY :  CORAL GABLES FL 33134  SIGNATURE  SIGNATURE  SUPPLY STATUS OF PROVIDED STATUS OF STA	<i>30 4</i> Suite, Apt	<del>///</del>	no Au	DO NOT WRITE IN THIS SPACE					
S. Country  S. Country  S. Country  S. Country  S. Conflicate of Status Desired   \$5.00 Additional Fee Required Repert  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  CUEVAS & RUBIN, P.A.  Sas BILTMORE WAY :  CORAL GABLES FL 33134  SIGNATURE  SIGNATURE  SUPPLY STATUS OF PROVIDED STATUS OF STA	City & State CORAL GABLES FL CORAL G			BLES, F	FL 4. FEI Number Applied For Not Applicable			·	
CUEVAS & RUBIN, P.A.  Sa6 BILTHORE WAY:  CORAL GABLES FL 33134  8. The above names entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  S	3313		23/14			ficate of Status Desired			
CUEVAS & RUBIN, P.A.  Sa6 BILTMORE WAY:  CORAL GABLES FL 33134  B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  SIGNATURE  MANAGING MEMBERS / MEMBERS  TITLE  MARK  CARRASQUEL, INNOCCENZO F  SIRET ADDRESS  SI	Name and Address of Current Registered Agent								
B. MANAGING MEMBERS/MEMBERS  TITLE  MARKASQUEL, INNOCCENZO F  SIRETADORESS  SORNAL GABLES FL 33134  TITLE  MARKASQUEL, INNOCCENZO F  SIRETADORESS  SORNAL GABLES FL 33134  TITLE  MARKASQUEL, INNOCCENZO F  SIRETADORESS  SORNAL GABLES FL 33134  TITLE  MARKASQUEL, INNOCCENZO F  SOR BILTMORE WAY  CITY-ST-2P  MARKASQUEL, INNOCCENZO F  SOR BILTMORE WAY  CITY-ST-2P  CORAL GABLES FL 33134  TITLE  MARKASQUEL, INNOCCENZO F  SOR BILTMORE WAY  CITY-ST-2P  MARKASQUEL, INNOCCENZO F  SOR BILTMORE WAY  CITY-ST-2P  CORAL GABLES FL 33134  Delete  TITLE  NAME  SIRETADORESS  SOR BILTMORE WAY  CITY-ST-2P  CORAL GABLES FL 33134  Delete  TITLE  NAME  SIRETADORESS  CITY-ST-2P  Delete  TITLE  NAME  SIRETADORESS  CITY-ST-2P  CORAL GABLES FL 33134  Delete  TITLE  NAME  SIRETADORESS  CITY-ST-2P  CORAL GABLES FL 33134  Delete  TITLE  NAME  SIRETADORESS  CITY-ST-2P  CORAL GABLES FL 33164  Delete  TITLE  NAME  SIRETADORESS  CITY-ST-2P  Change Addition  NAME  SIRETADORESS  CITY-ST-2P  Change Addition  NAME  SIRETADORESS  CITY-ST-2P  Change Addition  NAME  SIRETADORESS  CITY-ST-2P  Delete  TITLE  NAME  SIRETADORESS  CITY-ST-2P  DELETE  CITATOR  Addition  NAME  SIRETADORESS  CITY-ST-2P  DELETE  CITATOR  ADDITIONS/CH		•	- IN	INNOCCENZO FERRARO					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and tise it anotable.  (NOTE Registered Agent algressive required separation in the State of Florida.  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  9. MANAGING MEMBERS / 10. ADDITIONS/CHANGES  TITLE  MARY CARRASQUEL, INNOCCENZO F 536 BILTMORE WAY  CITY-51-2P  CORAL GABILES FL 33134  CITY-51-2P  TITLE  MGRM  SIREET ADDRESS  CITY-51-2P  CORAL GABILES FL 33134  CITY-51-2P  TITLE  MARE  SIREET ADDRESS  CITY-51-2P  Delete  TITLE  MARE  SIREET ADDRESS  CITY-51-2P  Delete  TITLE  MARE  SIREET ADDRESS  CITY-51-2P  CORAL GABILES FL 33134  CITY-51-2P  TITLE  MARE  SIREET ADDRESS  CITY-51-2P  Delete  TITLE  MARE  SIREET ADDRESS  CITY-51-2P  CITY-51-2P  Delete  TITLE  MARE  SIREET ADDRESS  CITY-51-2P  Addition  MARE  SIREET ADDRESS  CITY-51-2P  Addition  MARE  SIREET ADDRESS  CITY-51-2P  Addition  MARE  SIREET ADDRESS  CITY-51-2P  CITY-51-2P  Addition  MARE  SIREET ADDRESS  CITY-51-2P  ADDRESS  CITY-51-2P  Addition  MARE  SIREET ADDRESS  CIT		· ·							
SIGNATURE  Signature, Typed or privided name of registered agent and tool appropriate.  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  9. MANAGING MEMBERS / MEMBERS   10. ADDITIONS/CHANGES    ITILE							-L 3333	33/	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State  9. MANAGING MEMBERS / MEMBERS  10. ADDITIONS/CHANGES  TITLE CARRASQUEL, INNOCCENZO F SAG BILTMORE WAY CORAL GABLES FL 33134  Delete  MGRM SALAZAR, JOSE E STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134  Delete  TITLE MAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHARGE STREET ADDRE	9								
9. MANAGING MEMBERS/MEMBERS  10. ADDITIONS/CHANGES  TITLE NAME CARRASQUEL, INNOCCENZO F 536 BILTMORE WAY CORAL GABLES FL 33134  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME NAME									
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TITLE NAME SALAZAR, JOSE E STREET ADDRESS CITY-ST-ZIP  TITLE NAME	NAME STREET ADDRESS	CARRASQUEL, INNOCCENZO F 536 BILTMORE WAY	<b>⊠</b> Delete	NAME STREET ADDRESS	FERRAI 16417 5 WESTO	RO, INNOCCENZ TA PPHIRE BEA N. FL 3333	Change	☐ Addition	
STREET ADDRESS   CITY-ST-ZIP	NAME STREET ADDRESS	MGRM SALAZAR, JOSE E 536 BILTMORE WAY	☐ Delete	NAME STREET ADDRESS		SAPPHIRE BEA N, FL 33301	Change		
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STREET ADDRESS STREET ADDRESS .	TITLE -V NAME STREET ADDRESS		☐ Delete	TITLE NAME		<u> </u>	Change	Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #