Division of Corporations

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To:

Division of Corporations

: (850)617-6383

From:

Account Name : FOWLER WHITE BURNETT P.A.

Account Number : 071250001512 Phone : (305)789-9200 Fax Number : (305)789-9201

**Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please. **

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BETA BAY INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

b. BRUCE

EXAMINER

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Corporate Filing Menu

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(H100002414643)cover LETTER

TO:

Registration Section

Division of Cor	porations				
SUBJECT:	Beta Bav	Investments LLC			
SUBJECT:	Name of Limited Liability Company				
			•		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
	ondence concerning this matter	_			
•	J	-			
	J	eanne Fuentes Lopez			
		Name of Person	1		
	Fowler White Burnett, P.A.				
	1.00				
	4505	Saturation Accesses a data file and			
	1395 6	Brickell Avenue, 14th Floor			
		Address	1		
	Miami, Florida 33131			10	
		City/State and Zip Code	2-16 2171	AON	
	jlor	pez@fowler-white.com	tion)	1	-
	E-mail address: (to be used for future annual report notifica	['T],) ""
For further information of	oncerning this matter, please o	ail:	ے لیے ایک ریا جے ریا	_36	1 1
Jeanne	e Fuentes Lopez	at (305) 7	89-9269 GE		_
	f Person	Area Code & Daytime			
			7		
Enclosed is a check for the	he following amount:				
\$25.00 Filing Pec	\$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 enc	losed)	

STREET/COURIER ADDRESS:

2661 Executive Center Circle

Registration Section Division of Corporations

Tallahassee, FL 32301

Clifton Building

(H 100002414643)

P.O. Box 6327

MAILING ADDRESS: Registration Section

Division of Corporations

Tallahassee, FL 32314

(H100002414643) TO ARTICLES OF ORGANIZATION OF

Bet	a Bay Inve	estments LLC			
(Name of the Limited I (A F	iability Compa Torida Limited	ny as it now appea Liability Company)	rs on our records.		
The Articles of Organization for this Limited Lial	were filed on	05/31/2005	and assigne	d	
Florida document numberL050000537	73				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liab	oility company he	re:		
		aining the same			
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Compr	any," the designation "L	LC" or the abbre	viation
Enter new principal offices address, if applical	ble:	N/A		Fr. 5	
(Principal office address MUST BE A STREET	ADDRESS)			<u> </u>	
		,		> 1	9-34-4-449-W
•				SE Y	} {
Enter new mailing address, if applicable:		N/A			11
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	<u>`</u>
				>	
B. If amending the registered agent and/or registered agent and/or the new registered offi			our records, <u>enter (</u>	the name of th	е пеж
Name of New Registered Agent;	N/A				***************************************
New Registered Office Address:	N/A		P ⁺ 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7	
		Er	nter Florida street add	ress	
			, Florida		
		City		Zip Code	
New Registered Agent's Signature, if changing Re	gistered 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 608, 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

Page 1 of 2

(H100002414643)

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MGR = Manager

MGRM = Managing Member

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
MGR	Corporate Management INC	Wiamy Froniag 33184	Add Remove
MGR	Alfredo Patrone	5605 Blue Layoon Driver Miami, Floring 33126	Add Remove
			Add Remove
D. If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	10 NOV -5 M
Dated NOV	1ember 5 , 2011	T I	## 9: 31 2F STATE F. FLORIDA
_	Signature of a method of the Pure	rauthorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00

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