Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

NOV 2 8 2012

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 **

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

Certificate of Status Certified Copy 0 Page Count 04 Estimated Charge \$25.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBTRCT

BETA BAY INVESTMENTS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEANNE FUENTES LOPEZ

Name of Person

FOWLER WHITE BURNETT, P.A.

Firm/Company

1395 BRICKELL AVENUE, 14TH FL

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

ESALCEDO@FOWLER-WHITE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEANNE FUENTES LOPEZ at (305) 789-9269

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□\$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 enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BETA BAY INVESTMENTS, L		
(Name of the Limited Liab (A Flor	oility Company as it now appears on cida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabili	ity Company were filed on 05/31/2	2002 and assigned
Florida document number L05000053773	**************************************	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	4	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable;		
(Mailing address MAY BE A POST OFFICE BOX	0	
B. If amending the registered agent and/or r		
registered agent and/or the new registered office	address nere:	MOV 27
Name of New Registered Agent:		(*************************************
New Registered Office Address:	Proton F	lorida street address :
	Enter F	Florida (Florida (Flo
www	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 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

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:

MGR = Manager MGRM = Managing Member **Title** <u>Address</u> Type of Action Name 625 SW 131ST COURT **MGR** CORPORATE MANAGEMENT INC MIAMI, FLORIDA 33184 MGR ARTEMIS GROUP, INC. 5805 BLUE LAGOON DRIVE, SUITE 220 MIAMI, FLORIDA 33126 Remove Remove

D. II amending a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
W2114114	
Dated NOVE	MBER 15 201/2 ()
	Signature of a member or authorized representative of a member
JEA	ANNE FUENTES LOPEZ)
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00