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SECRETARY OF STATE
AND AHASSEE FLORIDA

T. CLINE

JUL 16 2010

EXAMINER

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:	BETA HOME SERVICES LLC		
	Name of Limited Liability Company		
· · .			
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	·	
Please return all corre	spondence concerning this matter to the following:	•	
	Paricio Belancourt Name of Person		
· . ·	Firm/Company		
•	2515 32 ave E	SECRE TALLAH	-
	Braden for Fl 34208 City/State and Zip Code	TARY OF STA	Salar
	E-mail address: (to be used for future annual report notification)	REPATE 15	
For further information	on concerning this matter, please call:	·	
P2+ R	at (941) 779-5999 Area Code & Daytime Telephone Number	er	
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	(additional copy is enclosed) Certifie	ate of Status &	sed)

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

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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

ff 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 <u>Title</u> Name | <u>Address</u> **Type of Action** ☐ Add Remove ☐ Add Remove ☐ Add Remove 🔁 Add Remove Add Remove D: If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JULY 14TH 2010 Dated Signature of a member or authorized representative of a member PATRICIO BETANCOURT Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00