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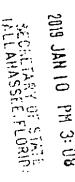
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BETRA, LE SUBJECT:	.C			2018 JAN 10 PH 3: 08
SUBJECT.	Name of Lim	ited Liability Company	7	Section 1
				The state of the s
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		3.0
	PATRICK H. NEALE			E.C.
		Name of Person		
	PATRICK NEALE & ASS	SOCIATES		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	P.O. BOX 9440			
		Address		
	NAPLES, FL 34101			
	***************************************	City/State and Zip Code		
	Pneale@patrickneale.com	,		
	E-mail address: (to be used for future annual report notif	ication)	
For further information co	oncerning this matter, please co	all:		
Patrick Neale		239 642-1485		
Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	e 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 I Certificate of Certified Cop (additional copy)	Status & y

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

•TO:

Registration Section **Division of Corporations**

> Division of Corporations Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Registration Section

STREET/COURIER ADDRESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF C	AMENDMENT O ORGANIZATION OF	dr.)
BETRA, LLC		353
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our recor- Liability Company)	ds.)
The Articles of Organization for this Limited Liability Company Florida document number 113000063823	were filed on MAY 1, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLO	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3935 Enterprise Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34104	
Enter new mailing address, if applicable:	3935 Enterprise Avenue	
(Mailing address MAY BE A POST OFFICE BOX)	Naples, FL 34104	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	, Fl	lorida 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Bald Eagle Towing & Recovery, Inc.	3927 Enterprise Avenue Naples FL	☐ Add
			■ Remove
			Change
MGR	Daniel Popoff	1560 Twilight Way, Marco Island FL 34145	
			Bemove
			Change
MRG	Dewayne Gruber	3935 Golden Gate Boulevard West, Naples FL 34120	© Add
			Change
			🗆 Add
			Remove
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	hist be specific and cannot be pro- block does not meet the appl	or to date of liting or more icable statutory filing re	than 90 days after filing.) Pursuan	t to 605.0207 (3 be listed as th
the record specifies a delay The 90th day after the re		ot an effective tim	e, at 12:01 a.m. on the	earlier of:
Dated	2019			
Dated		·		
	Signature of a member or aut	harized representative of	a member	
- /	Z -ngnature of a memoer of ant	aozazeu representative 01 i	i memoer	

Page 3 of 3

Filing Fee: \$25.00