

L13000152266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

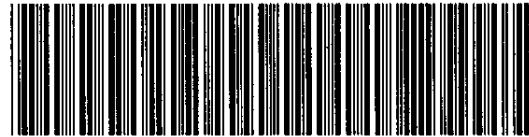
(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch NOV 18 2013

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BETACAR 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:

MANUEL CARDENAS

Name of Person

BETACAR INVESTMENTS LLC

Firm/Company

1624 FOREST LAKES CIRCLE APT A

Address

WEST PALM BEACH, FL 33406

City/State and Zip Code

MANUELCARSAN@HOTMAIL.COM

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

For further information concerning this matter, please call:

MANUEL CARDENAS

Name of Person

at (**561 543-6315**)

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

BETACAR INVESTMENTS LLC

Page 1 of 3

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:

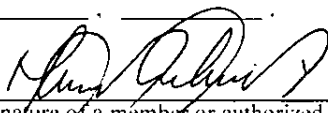
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JAMMY C CARDENAS	1624 FOREST LAKES CIRCLE APT A	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Remove
MGRM	DAVID L CARDENAS	1630 FOREST LAKES CIRCLE APT B	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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STATE OF FLORIDA
TALLAHASSEE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____



Signature of a member or authorized representative of a member



Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**