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TALLAHASSEE, FLORIDA

JUL 23 2015
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Betta Transport 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:

Dwight Powell

Name of Person

Betta Transport LLC

Firm/Company

5159 Spanish Oaks Dr.

Address

Lakeland, FL 33805

City/State and Zip Code

bettatransporter@gmail.com

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

For further information concerning this matter, please call:

Dwight Powell

754 244-5728
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	POWELL, JAMILA N	5159 SPANISH OAKS DR	<input type="checkbox"/> Add
		LAKELAND, FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JULY 18

Signature of a member or authorized representative of a member

Typed or printed name of signee