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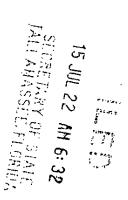
(Requestor's Name)			
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(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Registration Se Division of Cor			*					
SUDJECT.	Betta T	ransport LLC						
Name of Limited Liability Company								
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.						
Please return all correspo	ondence 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						
		to be used for future annual report notif	ication)					
For further information c	oncerning this matter, please c	all:						
Dwight Powell 754 244-5728								
Name o	f Person	at () Area Code Daytime	Telephone Number					
Enclosed is a check for the	ne 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

		Betta Transport LLC		
(<u>Na</u>	me of the Limited	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)	
	(A	rionda Elithed Elability Company)		
The Articles of Organization for t	his Limited Liab	ility Company were filed on	4/13/2015	and assigned
lorida document numberL150	00063956			_
his amendment is submitted to a		ing:		
A. If amending name, enter the	new name of th	ne limited liability company h	ere:	
The new name must be distinguishable a	nd contain the word	ds "Limited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices add	ress, if applicab	le:		
Principal office address MUST	BE A STREET	ADDRESS)		
Enter new mailing address, if a	pplicable:			·
	CT AFFICE DA)X)		
Mailing address MAY BE A PO	<u>31 UFFICE BU</u>			
Mailing address MAY BE A PO	<u>SI OFFICE BU</u>			
3. If amending the registered	d agent and/or	registered office address or	n our records, <u>ent</u>	er the name of the n
3. If amending the registered	d agent and/or	registered office address or	n our records, <u>ent</u>	er the name of the n
B. If amending the registered egistered agent and/or the new	d agent and/or registered offic	registered office address or	n our records, <u>ent</u>	er the name of the n
B. If amending the registered egistered agent and/or the new Name of New Registere	d agent and/or registered offic d Agent:	registered office address or	n our records, <u>ent</u>	er the name of the n
3. If amending the registered registered agent and/or the new	d agent and/or registered offic d Agent:	registered office address on e address here:	n our records, ent.	er the name of the n
3. If amending the registered registered agent and/or the new Name of New Registere	d agent and/or registered offic d Agent:	registered office address on e address here:	orida street address	er the name of the n
B. If amending the registered egistered agent and/or the new Name of New Registere	d agent and/or registered offic d Agent:	registered office address on e address here:		er the name of the n

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 removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR POWEL	POWELL, JAMILA N	5159 SPANISH OAKS DR	
		LAKELAND, FL	Remove
			☐ Change
			Add
			Remove
			☐ Change
			Remove
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Effective date, if o	thay thay the date o	7/20/2015		, ,•	STAI	iή :9	Justine Literature
(If an effective date is li Note: If the date in	sted, the date must be spe	eific and cannot be prior to es not meet the applicable	date of filing or more that le statutory filing requ	(optiona n 90 days after filir irements, this da	ายวี Pursuar	es nt to 605 be list	5.0207 (3) ed as the
the record specification the 90th day a	es a delayed effect after the record is	ctive date, but not a filed.	an effective time,	at 12:01 a.m	. on the	earli	er of:
Dated JULY 18	-A-(, 2015	.				
	7	BROEF	<u> </u>				
	Signah	ite of a member or authoriz	ed representative of a m	ember			
		Dwight M. 1	Powell name of signee				

Page 3 of 3

Filing Fee: \$25.00