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SECRETARY OF SIME ALLAHASSEE, FLORID

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## **COVER LETTER**

TO:		istration Sec sion of Corp						
		Beltran Property Holdings, LLC						
SUBJE	CT:		Name of Lim	ited Liability Company				
The enc	losed	Articles of a	Amendment and fee(s) are sub	omitted for filing.				
			ndence concerning this matter					
			Timothy J. Bruchl					
				Name of Person	-			
			Waggoner & Bruehl, PA					
			<del></del>	Fitn/Company	_			
			5400 Pine Island Road Sui	ite D				
				Address	-			
			Bokeelia, Florida 33922					
				City/State and Zip Code	_			
			tim@wblegallaw.com					
			E-mail address: (	to be used for future annual report notification)				
For furt	her it	iformation c	oncerning this matter, please c	att:				
Timoth	y J. F	Bruchl		239 283-1076				
		Name o	f Person	at () Area Code Daytime Telephone Number	r			
Enclose	ed is a	check for th	ne following amount:					
<b>■</b> \$25	5.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &			
		iling Addres		Street Address: Registration Section				
Registration Section Division of Corporations				Division of Corporations				
		). Box 632		The Centre of Tallahassee	210			
	Lai	lahassee, I	11, 52514	2415 N. Monroe Street, Suite S	210			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

my as it now appears on our records. Liability Company)	)
were filed on 04/17/2015	and assigned
ility company here:	
lity Company," the designation "LLC"	or the abbreviation "L.L.C."
5495 Pine Island Road	
Bokeelia, Florida 33922	
	2023 SEC
5495 Pine Island Road	JUL 3
Bokeelia, Florida 33922	
	To.
address on our records, <u>enter t</u>	he name of the w register
Cortan Electrical control of Hanna	
, Flor	rida Zip Code
	ility company here:  Iny Company," the designation "LLC" 5495 Pine Island Road Bokeelia, Florida 33922  5495 Pine Island Road Bokeelia, Florida 33922  address on our records, enter t

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 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	Arturo Beltran, Jr.	PO Box 448	□Add
		Bokeelia, Florida 33922	■Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
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Effective date, if oth an effective date is liste Note: If the date inser locument's effective o	d, the date must be s rted in this block d	e <b>of filing:</b> pecific and colors loes not me	annot be price et the appli	or to date of cable statt	filing or me itory filing	re than 90 dr requireme	(optional ys after filin nts, this dat	g.) Pursuan	it to 605.02 be listed (
record specifies a del d is filed.	layed effective dat	e, but not a	n effective	time, at 12	::01 a.m. o	n the carlie	rof:(b) T	The 90th d	ay after th
July 20th	n (	<u>.</u> .	2023	+	<del></del> ,	_			
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Filing Fee: \$25.00