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(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2019 APR 15 PM 12:29

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C. GOLDEN

APR 17 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 25, 2019

BRIAN ZIRULNIKOFF  
17570 ATLANTIC BOULEVARD  
SUITE 507  
SUNNY ISLES BEACH, FL 33160

SUBJECT: BETITO BH LLC  
Ref. Number: L15000093536

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Chapter 605, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 419A00005874

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BETITO BH 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:

BRIAN ZIRULNIKOFF

Name of Person

BETITO BH LLC

Firm/Company

17570 ATLANTIC BLVD SUITE 507

Address

SUNNY ISLES BEACH, FL 33160

City/State and Zip Code

IDEASFORMIAMI@GMAIL.COM

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

For further information concerning this matter, please call:

BRIAN ZIRULNIKOFF

305

4691466

Name of Person

at ( )

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)

*Already sent.  
Responding to  
Response.*

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

2019 APR 15 AM 11:38

(83)

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2019 APR 15 PM 12:29

BETTO BULLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

STATE OF FLORIDA  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 05/28/2015 and assigned  
Florida document number 115000093536.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

City, Florida 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 removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

02

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

ATTACHED IS AN EXECUTED AMENDMENT TO AUTHORIZE THE REIMBURSEMENT OF  
GRADUATE SCHOOL EDUCATIONAL EXPENSES TO AUTHORIZED EMPLOYEES, EXECUTIVES AND  
MANAGERS OF THE COMPANY.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

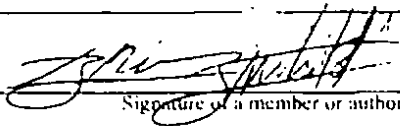
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated APRIL 11 2019



Signature of a member or authorized representative of a member

BRIAN ZIRULNIKOFF

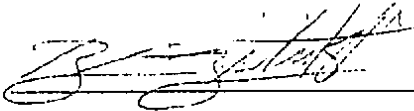
Typed or printed name of signee

BETITO BH LLC – EFFECTIVE MARCH 12, 2019

AMENDMENT: GRADUATE SCHOOL TUITION REIMBURSEMENT POLICY

**Tuition Reimbursement.** BETITO BH LLC (the "Company") shall reimburse the Eligible Employee up to USD \$75,000 (the "Tuition Reimbursement") for tuition for any MBA program (the "Program") for purposes of helping improve the Employee's knowledge and skills required for his/her role.

- The Tuition Reimbursement shall be spread evenly across the number of semesters/tuition payments for the Program (e.g., \$16,000 for each of five semesters/tuition payments).
- The Employee shall provide an invoice from the educational institution along with proof of payment in a form acceptable to the Company.
- The Employee must continue to demonstrate continued high job performance while participating in the Program.
- If, prior to the Employee's graduation from the Program (the "Graduation"), the Employee voluntarily terminates his employment with the Company without Good Reason or the Company terminates the Employee's employment for Cause, the Employee shall repay to the Company within sixty (60) days following his last day of employment with the Company the entire amount of the Tuition Reimbursement received by him.

  
A handwritten signature in black ink, appearing to read 'Brian Zirulnikoff', is written over a horizontal line.

SIGNED BY BRIAN ZIRULNIKOFF

TITLE: MANAGING PARTNER

DATE: MARCH 11, 2019

  
A small, circular handwritten mark containing the letters 'BT'.