Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000218519 3)))



H150002185193ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : JP GLOBAL BUSINESS

Account Number: I20130000083

: (305)436-0093

Phone Fax Number

: (305)436-0094

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BETORET INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Y SULKER

Electronic Filing Menu

Corporate Filing Menu

Help

09/18/2015 - 06:45

TO:18506176383 FROM:7862171243

Page: H150002185193

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJI	ርርፕ <sub>ን</sub>	BETORET	INVESTMENTS LLC	
501131		Name of Lin	nted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
			JOSE PEREZ	
			Name of Person	1-11-2-11-11-11-1-1-1-1-1-1-1-1-1-1-1-1
		JP GLO	BAL BUSINESS SOLUTIONS	
			Firm/Company	
		139	5 BRICKELL AVE STE 800	
		A STATE OF THE PARTY OF THE PAR	Address	
			MIAMI, FL 33131	
			City/State and Zip Code	<del></del>
			KELL@JPGBUSINESS.COM	<del></del>
Б 6			to be used for future annual report notifi	scation)
For fur	ther information co	oncerning this matter, please of	all:	
	JOSE 1	PEREZ	305 200-8657 at ( )	
****	Name o	f Person		Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	5.00 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

09/18/2015

06:45

TO:18506176383 FROM:7862171243

APP8800218519 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BETORE	I INVESTMENTS LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears ( Limited Liability Company)	in our records.)	
The Articles of Organization for this Limited Liability C Florida document numberL15000118038	ompany were filed on	7/09/2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company here	<b>::</b>	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the desi	gnation "LLC" or the a	bbravigion 'L.C."
Enter new principal offices address, if applicable:			SEI SEI
(Principal office address MUST BE A STREET ADDR	ESS)		NSET OF THE PROPERTY OF THE PR
			E P I
Enter new mailing address, if applicable:			77.5
(Mailing address MAY BE A POST OFFICE BOX)		·····	<b>₩</b>
B. If amending the registered agent and/or registered agent and/or the new registered office additional environments and the new Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	City		гір Соде
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and cacept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	and agree to act in this cap complete performance of m gent as provided for in Chi	y duties, and I am apter 605, F.S. Or	familiar with and , if this document is
		t, Signature of New R	

09	/	1	8	1	2	o	1	5
~~	•	-	v	,	~	v	_	~

06:45

TO:18506176383 FROM:7862171243

Page:

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

415000218519 3

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	MENDOCA BETORET, ELISEU	1395 BRICKELL AVE STE 800	Add
		MIAMI, FL 33131	<b>■</b> Remove
			Change
AMBR	MENDONCA BETORET, ELISEU	1395 BRICKELL AVE STE 800	<b>=</b> Add
		MIAMI, FL 33131	□ Remove
			☐ Change
			Add
			TI Remote
***************************************	<del></del>		SSEE FLOOR
			Remove
	,		☐ Change
		•	Add
			☐ Remove
			Change
			□ Remove
			Change

/18/2015 D. If amen	o6:45 TO:18506176383 FROM:7862171243 Page: Hading any other information, enter change(s) here: (Attach additional sheets, if necessary.)	41300021851
-		
_		<del></del>
		<del></del>
18		
_		
_		<del></del>
_		<u>.</u>
		St.
		A B
		Σ <b>ω</b> ( )
	RIO A	£ £
(If an effe - <u>Note:</u> I	ive date, if other than the date of filing:	nt to 605,0207 (3)(b) be listed as the
If the rec	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earlier of:
<b>5</b> 1	SEPTEMBER 10th 2015	
Dated_		
Dated_	Eliseu Hendonia Beboret	
Dated_	Eliseu Hendonia Beforet  Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00