

216 0000 00909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100298528281

05/05/17--01020--013 \*\*25.00

FILED  
2017 MAY 22 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 25 2017  
J. HARRIS

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Befote 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:

Adriana Duarte  
Name of Person

Ad & Property Management Services, Corp.  
Firm/Company

PO Box 227722  
Address

Miami FL 33222  
City/State and Zip Code

luciana7n@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adriana Duarte at (954) 8659215  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 9, 2017

ADRIANA DUARTE  
PO BOX 227722  
MIAMI, FL 33222

SUBJECT: BETOTE LLC  
Ref. Number: L16000000909

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

PAGE 2 IS MISSING.

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) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 717A00009186

2017 MAY 22 PM 2:11

TALLAHASSEE, FLORIDA

2017 MAY 22 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Betote LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/30/2015 and assigned Florida document number L16000000909.

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)**

4975 E 10<sup>th</sup> Ave. Hialeah Fl.  
33013

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

PO Box 227722  
Miami Fl. 33222

**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:

Liliana Ramentol

New Registered Office Address:

4975 E 10<sup>th</sup> Ave. Hialeah. Fl.

Enter Florida street address

Hialeah  
City

, Florida

33013  
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.*

Liliana Ramentol  
If Changing Registered Agent, Signature of New Registered Agent

**FILED**  
2017 MAY 22 AM 11:19  
SECRETARY OF STATE  
TREASURER OF FLORIDA



[illegible]

May 2, 2017 (optional)

**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 May 2 2017.

Luciana Zapacoste  
Typed or printed name of signee

FILED  
2017 MAY 22 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA