116000138627

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	·····
(City/S	tate/Zip/Phone #/)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	
(Docur	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	ng Officer:	
		:
(Docum	nent Number) Certificates of	





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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 29, 2018

BE TECH GROUP LLC ATTN: DAVID A GARAY PO BOX 226653 MIAMI, FL 33222

SUBJECT: BE TECH GROUP LLC Ref. Number: L16000138627

LEGISTRATION SECTION
DIVISION OF CORPORATIONS
PD BOX 6327
Taughassee FL 32314

We have received your document for BE TECH GROUP LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Michelle Milligan Senior Section Administrator

Letter Number: 618A00006318

COVER LETTER

TO: Registration Sec Division of Corp		
Be Tech G	Group, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ondence concerning this matter to the following:	
	David A. Garay	
	Name of Person	
	Be Tech Group, LLC	
	Firm/Company	
	PO Box 226653	
	Address	
	Miami, FL 33222	Name of Limited Liability Company tent and fee(s) are submitted for filing. oncerning this matter to the following: If A. Garay Name of Person Such Group, LLC Firm/Company ox 226653 Address ii, FL 33222 City/State and Zip Code string@beentertainment.net E-mail address: (to be used for future annual report notification) g this matter, please call: at (
	accounting@beentertainment.net	
For further information co	oncerning this matter, please call:	
David A. Garay		
Name of	f Person Area Code Daytime Telephone Number	_ _
Enclosed is a check for the	ne following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status & opy

RECEIVED 2018 HAR 26 AM 11: 32

MAILING ADDRESS:

Hegistration Section

VECTOR OF CORPORATION

SECTION

SEC

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

Be Tech Group, LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L16000138627	y were filed on 7/25/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7705 NW 29th Street, Suite 102
(Principal office address MUST BE A STREET ADDRESS)	Doral, FL 33122
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRETARY TALLAHASSI 18 APR 30
	93. OF STA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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>	Address	Type of Action
MGR	Ernesto Teran	7705 NW 29th Street, Suite 102	A dd
		Doral, FL 33122	Remove
			Change
			Add
			☐ Remove
			Change
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fective date, if other than the an effective date is listed, the date mus	st be specific and cannot be prior	to date of filing or more than	(optional) 90 days after filing.) Pursuant t	o 605.0207 (
ote: If the date inserted in this blocument's effective date on the D	ock does not meet the applic	able statutory filing requi	rements, this date will not be	e listed as tl
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record specifies a delayed		t an effective time, a	at 12:01 a.m. on the e	arlier of:
The 90th day after the rec	ord is filed.			
March 20	2018			
ated	,			
		-		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00