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(City/State/Zip/Phone #)

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FILED
2016 OCT -7 PM 5:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
OCT 10 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BETANIA CARS 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:

VICTOR BADELL

Name of Person

BADELL OFFICESS LLC

Firm/Company

350 S MIAMI AVE STE A

Address

MIAMI, FL 33130

City/State and Zip Code

VICTOR@BADELLPC.COM

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

For further information concerning this matter, please call:

VICTOR BADELL

305 498 -7788
at ()

Name of Person

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)

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

FILED
2016 OCT -7 PM 5:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
(s.)

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

This amendment is submitted to amend the following:

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

5750 PLUNKETT STREET

UNIT 4

HOLLYWOOD, FL 33023

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida

Zip Code

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>
AP	CARLOS A. ETCHEVERS	770 CLAUGHTON ISLAND DR	<input type="checkbox"/> Add
		APT 610	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	<input type="checkbox"/> Change
MGR	CARLOS A. ETCHEVERS	770 CLAUGHTON ISLAND DR	<input checked="" type="checkbox"/> Add
		APT 610	<input type="checkbox"/> Remove
		MIAMI, FL 33131	<input type="checkbox"/> Change
AP	CARLOS F. ETCHEVERS	15977 NW 14 CT	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLOS F. ETCHEVERS	15977 NW 14 CT	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33028	<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
			<input type="checkbox"/> Change

2006 OCT-7 PM 5:20
 FILED
 CLERK OF DISTRICT COURT
 MIAMI, FL 33131

2018 OCT -7 PM 5:29
TAMPA FLORIDA
FLORIDA
FLORIDA

FILED
2018 OCT -7 PM 5:26
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

(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)

Dated OCTOBER 3

CARLOS F. ETCHEVERS, AP

Typed or printed name of signee