116000/94/33

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
. (Exactine it Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



600300781866

07/03/17--01026--006 **30.00

17 JUL -3 PH 1:53

O SIMMONS
JUL 0 6 2017

COVER LETTER

	gistration Sec vision of Corp		·		
SUBJECT:	Betakley Business Solutions LLC				
SUBJECT.	***************************************	Name of Lim	ited Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	dence concerning this matter	to the following:		
		Sonimar Zanela			
			Name of Person		
		Betakley Business Solution	ns LLC		
			Firm/Company		
		6965 Piazza Grand Ave Su	nite 210		
			Address		
		Orlando FL 32835			
			City/State and Zip Code		
		sonimar.zanela@betakleyar			
		E-mail address: (to be used for future annual report notifi	cation)	
For further in	nformation co	ncerning this matter, please co	all:		
Sonimar Zanela 407 574-2636 at ()					
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for the	e following amount:			
□ \$25.00 H	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

DoguSign Envelope ID: 5A93192B-5545-4491-84E0-DB260B0666FF ARTICLES OF AMENDMENT

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Betakley Business Solutions LLC				
(Name of the Lim	ited Liability Con (A Florida Limite	npany as it now appears of ed Liability Company)	n our records.)	
The Articles of Organization for this Limited I Florida document number <u>L16000194133</u>	Liability Compa	any were filed on 10/20)/2016	and assigned
This amendment is submitted to amend the fol	lowing:	•		
A. If amending name, enter the new name of	of the limited li	iability company here:		
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the desig	gnation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	-	<u></u>	
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			
Enter new mailing address, if applicable:		6965 Piazza Grando	e Ave	T JUL -3
(Mailing address MAY BE A POST OFFICE	Suite 210	COS P I		
**		Orlando FL 32835		
B. If amending the registered agent and registered agent and/or the new registered of			ur records, <u>ente</u>	the name of the new
Name of New Registered Agent:	Sonu Shukla	ı CPA		
New Registered Office Address:	7380 Sand L	ake Rd Ste 5002		
	,	Enter Florida	street address	
	Orlando		, Florida <u>3</u>	2819
		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

DocuSign Envelope ID: 5A93192B-5545-4491-84E0-DB260B0666FF
If amenung Authorized rerson(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	Bejade Consulting LLC	7355 Pinemount Drive	🗀 Add
		Orlando FL 32819	■ Remove
			🗆 Change
MGR	Zanela, Sonimar	RUA Henrique Max Baggenstoss	■ Add
		68 APTO 901	□ Remove
		Joinville, SC 89221350 BR	☐ Change
		·	
			☐ Remove
			Change
			Change Add
		- National Control of the Control of	Chapge
			Add
	,		☐ Remove
			Change
			🗖 Add
		<u></u>	_ □ Remove
			□ Change

				······································		, .
	• 1	· · · · · · · · · · · · · · · · · · ·	-			
****	·					
				· · · · · · · · · · · · · · · · · · ·		
•••						9 4
						isia Ju
						OKAISION OF CORPOREATIONS
						COR P
		<u></u>				
						ۍ
•						
				h		
		·	 			
						
affective date, if othe	r than the date (of filing:			_ (optional)	
fan effective date is listed, Note: If the date inserte	the date must be spe	cific and cannot be	rior to date of filin	g or more than 90 d	lays after filing.) F	ursuant to 605.0207
locument's effective de						
						-
e record specifies The 90th day afte			not an effect	ive time, at 1	2:01 a.m. or	n the earlier of
•						
June 19th Oated		2017	<u> </u>			
		DocYouSigned by	·			
		1~1		. D ₋		

Page 3 of 3

Filing Fee: \$25.00