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COVER LETTER

TO:	Registration Se Division of Cor		•	
CHDIL		wthorne, LLC		
SUBJE	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Elizabeth Mondesir		
			Name of Person	
		BetMyr-Hawthorne, LLC		
			Firm/Company	
		8176 Elko Drive		
			Address	Y-2
		Ellicott City, MD 21043		
			City/State and Zip Code	42.12
		ermondesir2017@gmail.com	m	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
Elizab	eth Mondesir		410 203-0665	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne 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 STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BetMyr-Hawthorne, 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 02/21/2017 and assigned Florida document number L170000419 59 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida __

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	
AMRR =	Authorized	Membe

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			□ Change
			
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Add
			Remove

(riction and	I nonfiction, print and electronic, and accessories), in addition to real property
rentals and	management.
	
	
antiva data i	f other than the date of filing: (optional)
i effective date i	s listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a tive date on the Department of State's records.
	rifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier a
ted	<u> </u>

Page 3 of 3

Filing Fee: \$25.00