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12/13/17--01020--013 **25.00



COVER LETTER

Division of Co			
SUBJECT:	Belo 5 Inco	Aneadr LLG	
SUBJECT:	Name of Lin	Heals LLC nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Christophur Cashlla	105
		Name of Person	
		Q1. CC	1 . 1. 1. 1
		Bela S Inves Firm/Company	Trc
		:	
		1025 SE 2"	Ave \$308
	-11-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1	City/State and Zip Code	33004
		City/State and Zip Code	ma (A)
	E-mail address: (to be used for future annual report noti	orateganil. Com
For further information of	concerning this matter, please c	all:	
(1 the	(.cl.11 .c	9/11 771 84	
Challefor Cashllanus at (954) 274- Name of Person Area Code Day		at (<u>757</u>) <u>2 49 790</u> Area Code Daytim	ne Telephone Number
Englosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		(additional copy is enclosed)	(additional copy is enclosed
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/COURI Registration Section	
		Division of Corpor Clifton Building	rations
	assee, FL 32314	2661 Executive Co	
		Tallahassee, FL 32	1301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beta 5 Investm	ents LLC	
(Name of the Limited Liabil (A Florid	lity Company as it now appears of a Limited Liability Company)	<u>n our records.</u>)
The Articles of Organization for this Limited Liability (Florida document number <u>L17000164833</u>		8/02/2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here	10000000000000000000000000000000000000
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design	mation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	-	
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on o lress here:	ar records, <u>enter the name of the new</u>
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>	Name	Address	Type of Action
MGR	Cesar A. Rincon	15315 Sw 39 mst Duce, FL 33	33 🙀 Add
			☐ Remove
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fan effectiv <u>Note:</u> If th	late, if other than the date of filing: e date is listed, the date must be specific and cannot be prior to date date inserted in this block does not meet the applicable seffective date on the Department of State's records.	(option: ate of filing or more than 90 days after fili statutory filing requirements, this da	ng.) Pursuant to 605.020
	specifies a delayed effective date, but not ar th day after the record is filed.	n effective time, at 12:01 a.m	n. on the earlier o
Dated	De comber 11 Zui7	d representative of a member	
	Signature of a hember or authorize	d representative of a member Shy Cash (land) ame of signee	

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Filing Fee: \$25.00