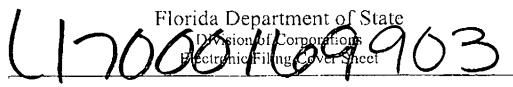
Fax: (305) 570-1991

To:

Fax (85° 817-8383 Division of Corporations Page 2 of 6 05/31/2018 10 46 AM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : I20080000090 : (305)670-1991 Phone

Fax Number : (305)670-1993

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORREC® OR M/MG RESIGN

BETYS AND SONS LLC

9

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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BETYS AND SONS LLC		
(Name of the Limited Limbility Co (A Florida Limi	mpany as it now appears on our recorded Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L17000169903</u>	and assigned	
This amendment is submitted to amend the following:		reservation of
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 I	iability Company," the designation "L	
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	2-16-17
	110 1 <del>21 (11<b>0</b> - 11</del> )	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> විර්. ර කි. 1</u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our reco here:	rds, enter the name of the ne
Name of New Registered Agent:		·· .
New Registered Office Address:	Enter Florida street add	hess
		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, hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Fax: (305) 570-1991

Fax; (850) 617-8383

Page 4 of 6 05/31/2018 10 46 AM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

To.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action			
MGR LUDMILA SOL NICOLINI		2945 NE 185 STREET, STE 1410				
		AVENTURA, FL 33180	□ Remove			
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E. Effectiv	e date, if other than the date of tive date is listed, the date must be speci	filing: 05/24/2018		(optional)	
Note: I	f the date inserted in this block does	not meet the applicable sta	of tensy or more than 90 o itutory fifting requirem	days ofter filing.) Pursuan ents, this date will not	i io 603.0207 (3 be listed as th
docume	nt's effective date on the Departmen	it of State's records.			
TC . !					
If the reco	ord specifies a delayed effecti Both day after the record is fi	ive date, but not an e Ned.	rrective time, at 1	.2:01 a.m. on the	earlier of:
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Dated _	1AY 24	2018			Po)
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	Signature	of a member or authorized re	presentative of a member	رو <sup>و ن</sup> ِ حورِ 	ਹੁੰਹ 
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	•			Q3.5	<del>P</del>
	ALBERTO D NICOLINI				!
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