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COVER LETTER

TO:

TO: Registration Se Division of Cor			
Change AP			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Shelby Bettencourt		
		Name of Person	
	SBETT, LLC		
		Firm/Company	
	1657 N Miami Ave		
		Address	
	Miami, FL, 33136		
	······································	City/State and Zip Code	·
	shelbybettencourt7@gmail.		
For further information c	E-mail address: (oncerning this matter, please co	to be used for future annual report not	ification)
Joshua Pavao		774 644-1762	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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		Street Address:	ation
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 632	•	The Centre of T	•
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SBETT, LLC		
(Name of the Lim	ited Liability Company as it now appears on our records. (A Florida Limited Liability Company)	.)
	Liability Company were filed on (09/09/2019)	and assigned
orida document number 1.19000227226		
is amendment is submitted to amend the fol	llowing:	
If amending name, enter the new name	of the limited liability company here:	
: new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
ter new principal offices address, if appli	icable:	
rincipal office address MUST BE A STRE	ET ADDRESS)	
		23. №
ter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		. (2)
anng daness mai DE A 1 651 61 1 CE		3 11
		<u> </u>
If amending the registered agent and/or ent and/or the new registered office addr	registered office address on our records, <u>enter t</u> <u>ess here</u> :	he name of the new registe
Name of New Registered Agent:	Joshua Pavao	
New Registered Office Address:		
	Enter Florida street address	
	, Floi	rida
	City	Zin 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>	<u>Name</u>	Address	Type of Action
MGR Joshua Pavao		1657 N Miami Ave, Miami, FL 33136	□Add
	•		□Remove
			■Change
			□Add
			□Remove
			□Change
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ctive date, if other than the date of filing effective date is listed, the date must be specific and	;:		(optio	nal)		
effective date is listed, the date must be specific and 1 If the date inserted in this block does not m	cannot be prior to di seet the applicable	ate of filing or more the statutory filing rec	han 90 days after Juirements, this	filing.) Pu date wil	irsuant to 6 I not be li	05.02 isted
ment's effective date on the Department of S			•			
ord specifies a delayed effective date, but not filed.	an effective time,	at 12:01 a.m. on th	ie earlier of; (b)	The 9	0th day at	ìer tl
THEG.						
February d	2020					
X/NW C	(n)					
1 1/01/2		d representative of a				

Filing Fee: \$25.00