LZ1000283200

(Re	equestor's Name)	
(Requestor's Name) (Address) (City/State/Zip/Phone #) (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
	idrace)	
(//u	u1 0 55)	
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	1
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
		ı
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		





300371281283

08/08/21--01025--001 **25.00

2021 AUG -6 AM 8: 59 SECRETARY OF 5 PAF

COVER LETTER

TO:	Registration Se Division of Cor			
CHBICA		Investors LLC		
SUBJEC	<u>. </u>	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Addlih Ackers		
			Name of Person	
			Firm/Company	
		8300 NW 53 St - #350		
			Address	
		Miami, FL 33166		
			City/State and Zip Code	
		enrique@cpaservicescorp.c E-mail address: (to be used for future annual report i	notification)
For furth	her information c	concerning this matter, please c	all:	
Enrique	: Nowogrodzki C	PA	954 261 2413	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed	d is a check for the	he 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	
	Registration : Division of C		Registration Division of C	
	P.O. Box 632			f Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

B.E.T.E.L Investors LLC				
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company Plorida document number <u>L21000283200</u>	were filed on 6/17/20	021	and assign	ed
this amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited liab	oility company here:			
BETEL Investors LLC				
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	nation "LLC" or the	abbreviation "L.L.C	
Enter new principal offices address, if applicable:		<u>.</u>		
Principal office address MUST BE A STREET ADDRESS)			200 S	
			71. 17. 17. 17. 17. 17. 17. 17. 17. 17.	ره ميندن.
			Z	E-mea
Inter new mailing address, if applicable:			6	
Mailing address MAY BE A POST OFFICE BOX)			03.65 2 3 19.19 3 3	9 🕻
Mulling duaress MAT BE A FOST OFFICE BOX	····	· -	က် တဲ့	Sandy Care
			:_ cn	
3. If amending the registered agent and/or registered office	addrace on our recor	ede antar tha na	ni Oo me of the new ro	zaister
gent and/or the new registered office address here:	address on our recor	us, enter the na	ine of the new to	gister
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Florida s	areet address		
		Florida _		

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
		<u> </u>	□Add
			□Remove
	,		□Change
			_Add
			Remove
			□ Change
			202KAUS SECRETALLA
			□ Remove
			SSG ₹ 10
			SC Manue Change Control of the Contr
			□Remove
			□ Change
			□ Remove
			□Change
			□Add
			Remove
			□ Change

n/a			
			
	-		
		<u> </u>	
		٧ <u>تا</u> ري	
		ニス	DOLY I
		<u> </u>	<u></u>
		<u>လ</u> က က	
·		<u></u>	<u> </u>
			<u>₩</u>
			
- -		<u> </u>	
ctive date, if other than th	ne date of filing:	(optional)	
effective date is listed, the date n	oust be specific and cannot be prior to date of fi block does not meet the applicable statute	iling or more than 90 days after filing.) Pur	suant to 605.02 Inot be listed
ument's effective date on the	Department of State's records.	ory ming requirements; this date on	III/I (/C II,/ICG
	ive date, but not an effective time, at 12:0	01 a.m. on the earlier of; (b) The 90	ith day after th
filed.			
Luku 20	2021		
ed	2021		
	Mur Red		
	ritury fir		
-	Signature of a member or authorized repre	sentative of a member	

Filing Fee: \$25.00