L21000405037

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COVER LETTER

TO: Registration Section Division of Corporations

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BETEL HEALTH LLC
SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIUSKA BRITO

Name of Person

BRITO TAX AND ACCOUNTING CORP

Firm/Company

1695 NW 110TH AVE, STE 214

Address

MIAMI, FL 33172

City/State and Zip Code

BRITOTAXCORP@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIUSKA BRITO

Name of Person

786 354-7694 at (_____)__

Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

S30.00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	C TELL TY AV OF STATE	7074 OCT 28 PM 2: 57	
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ARTICLES OF AMENDMENT ТО **ARTICLES OF ORGANIZATION O**F

BETEL HEALTH LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny <u>as it now appears on our records.</u>) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000405037</u> .	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
BETEL HEALTH & RESEARCH LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: N/A	

New Registered Office Address: Enter Florida street address , Florida _

N/A

New Registered Agent's Signature, if changing Registered Agent:

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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 docation 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. 83

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If Changing Registered Agent, Signature of New Registered

Zip Code

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Urley Esteban Verdecia Figueredo	2295 SW 23 AVE, MIAMI FL 33145	🗂 Add
			🗌 Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	N/A		
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E. Effective date, if other than the date of filing: _______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10	2024		2024 04	100 M
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	Typed or printed name of signee	1 11		