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## **COVER LETTER**

TO:

**Registration Section** 

Divis	ion of Cor	porations			
SUBJECT:	Betacon, L	LC			
Name of Limited Liability Company					
The enclosed A	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return a	ıll correspo	ondence concerning this matter	to the following:		
		Frank J. Alvarez			
			Name of Person	<del> </del>	
		Betacon, LLC			
			Firm/Company	<del></del>	
		1301 Black Bear Ranch Tr	rail		
			Address		
		Pierson, FL 32180			
			City/State and Zip Code	<u>-</u>	
		frank@betacon.biz  E-mail address: (	to be used for future annual report not	ification)	
For further inf	ormation c	oncerning this matter, please ca			
Frank Alvarez	z.		386 748-2260		
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a c	check for th	ne following amount:			
□ \$25.00 Fil	ling Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	ing Addres		<u>Street Address:</u> Registration Se	ection	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Tallahassee, FL 32303
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Betacon, LLC			
(Name of the Limited Liability C (A Florida Li	Company as it now appears on mited Liability Company)	our records.)	
	en o roc	-5 HIII: 05	
The Articles of Organization for this Limited Liability Com	ipany were filed on 4/18/20	and ass	igned
Florida document number 3353385072CC		Thereoff, FL	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	nation "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:			<del></del>
Principal office address MUST BE A STREET ADDRES	<u></u>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of	ffice address on our recor	ds, <u>enter the name of the nev</u>	<u>v register</u>
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	treet address	
	1821 82 183	Florida	
	Ciţy	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 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
AMBR	Jose S. Alvarez	500 West Airport Blvd APT #903 Sanford, FL 3277	3 □ Add
			<b>=</b> Remove
			□Change
AMBR	Amber Maher	1301 Black Bear Ranch Trl Pierson, FL 32180	<b>=</b> Add
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<del></del>	4/18/2024		_ (optional) lays after filing.) Pursuant to 605.0207 (
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record specifies a delayed effective dis filed.  August 14th	st be specific and cannot be prior to ock does not meet the applical epartment of State's records.	ble statutory filing requirements to the earling at 12:01 a.m. on the earli	ents, this date will not be listed as t er of: (b) The 90th day after the