

L22 0000 24539

(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FL

# COVER LETTER

Registration Section  
Division of Corporations

BET HIGH LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

KEVIN GIGUERE

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

3433 E GULF TO LAKE HWY

\_\_\_\_\_  
Address

INVERNESS, FL 34453

\_\_\_\_\_  
City/State and Zip Code

PAMMCKINNEYUS@GMAIL.COM

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

For further information concerning this matter, please call:

PAM MCKINNEY

352

584-1498

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FL

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enclosed is a check for the 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:**

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

**If Changing Registered Agent, Signature of New Registered Agent**

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

MR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MR	MCKINNEY, PAMELA R	3433 E GULF TO LAKE HWY	<input type="checkbox"/> Add
		INVERNESS, FL 34453	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MR	GIGUERE, KEVIN	3545 LEGACY HILLS CT	<input checked="" type="checkbox"/> Add
		LONGWOOD, FL 32779	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MR	GIGUERE, KEVIN	3545 LEGACY HILLS CT	<input checked="" type="checkbox"/> Add
		LONGWOOD, FL 32779	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 NOV - 7 PM 2:18  
SECRETARY  
TALAMON  
ADD  
REMOVE  
CHANGE

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SECRETARY OF STATE  
TALLAHASSEE, FL

10

2022 NOV -7 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FL

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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 NOVEMBER 3RD 2022

Signature of a member or authorized representative of a member

PAMELA MCKINNEY

Typed or printed name of signee

**Filing Fee: \$25.00**