Mado all

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

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Account#: I20000000088

Date:	12/08/2022	
Name:	Janelle Davis	_
	1857545	_
Entity Nan	ne:BETA GRO	UP SERVICES LLC
☐ Arti	icles of Incorporation/Authorization	
☐ Cha	ange of Agent	
☐ Rei	instatement	
Cor	nversion	
☐ Mei	rger	
☐ Dis	solution/Withdrawal	
☐ Fict	titious Name	
☐ Oth	ner	<u> </u>
	d Amount: \$125.00 : Janelle Davis	
		



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

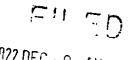
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Account#: 120000000088

Date:	12/08/2022		
	Janelle Davis		
	1857545		
Entity Name	BETA 0	ROUP SERVICES LLC	
		zation to Transact Business	
✓ Amen	dment		
☐ Chan	ge of Agent		
Reins	tatement		
Conve	ersion		
☐ Merge	er		
☐ Disso	lution/Withdrawal		
☐ Fictitie	ous Name		
☐ Other			
	mount:\$125.00		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Beta Group Services LLC

(Name of the Limited Liability Company as it now appears on our records.)

	I 10 2022	· •
The Articles of Organization for this Limited Liability Compar	ry were filed on June 10, 2022	and assigned
Florida document number L22000266218		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		-
B. If amending the registered agent and/or registered office	e address on our records, enter	the name of the new registere
agent and/or the new registered office address here:	· 	
Name of New Registered Agent:	<u></u>	
New Registered Office Address:	<u> </u>	
	Enter Florida street addres	S
	, Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>	

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

f 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> Fitle</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
	 .		
			□Remove
			□Change
			□ Remove
			□ Remove
			□Change
<u></u>			□ Add
			□ Remove
			Change
			
			□Remove
			□Change

is to engage in any lawful	activity for which a limited liability comp	any may be organized in this state."
	 -	
		
		
	<u> </u>	
		
 		
 		
ective date, if other than t	te date of filing:	(optional) ing or more than 90 days after filing.) Pursuant to 605.020
te: If the date inserted in this		ory filing requirements, this date will not be listed a
cord specifies a delayed effec s filed.	ive date, but not an effective time, at 12:0	I a.m. on the earlier of: (b) The 90th day after th
December 1 ed	2022	
		

Typed or printed name of signee