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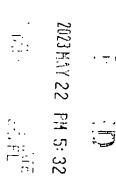
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## **COVER LETTER**

Division of Cor			
SUBJECT: <u>Price</u>	Ress Betta	ited Liability Company	<u> </u>
	Amendment and fee(s) are sub	-	
	josé C. Priceless	Radiquez Labi Name of Person) Bettas L. L.C. Firm/Company	ra da
		Quenue North a	bto 101_
	St. Pelersbu freezelife	Ing F   33>13  Dily/State and Zip Code  broog gmoi/. Com  be used for piture annual report notif	· . fication)
For further information co	oncerning this matter, please ca	·	
Name of	Zodriguez Labi	T <u>ada</u> at ( <u>305</u> ) <u>810 -</u> Area Code Daytime	2300 e l'elephone Number
Enclosed is a check for th	e 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 HAY 22 PH 5: 32

Zip Code

Priceless Bettos L.L.C.

		Liability Company)	. i.l.
The Articles of Organization for this Limited Liab Florida document number <u>L23000216</u>	oility Company 6651	were filed on <u>05/02/2023</u> and assign	ed FL
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liab	pility company here:	
The new name must be distinguishable and contain the word	ls "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C.	
Enter new principal offices address, if applicab	le:	3172 30th Avenue North #101 St. Petersburg, Fl.3	
(Principal office address MUST BE A STREET)	<u>ADDRESS)</u>	#101 St. Petersburg, Fl.3	<u>37</u> 13
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>	#101. St Petersburg, Fl. 33	, 6. →13
B. If amending the registered agent and/or registered affice address I		address on our records, <u>enter the name of the new re</u>	gistered
Name of New Registered Agent: New Registered Office Address:		C. Rodriguez Cabra da 30th Avenue Worth. # 101	
	St. R	Tersburg Florida 33713	

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Note:	ive date, if other than the date of filing: \( \begin{align*} \left( \frac{1}{2023} \) (optional) (
recor d is ti	d 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 ed.
ated	05/16/2029
	Signature of a member or authorized representative of a member
	Jose C. Rodriguea Labrada Typed or printed name of signee

• . .