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| (Requestor's Name) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
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| PICK-UP WAIT MAIL | | | | | |
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| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Capaigl Instructions to Filing Officer | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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REPORT OF STATE

COVER LETTER

| TO: Registration Division of C | | | | | |
|--|--|---|--|---|------------|
| Betel Bar | bershop LLC | | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | | |
| The enclosed Articles of | of Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all corres | pondence concerning this matter | to the following: | | | |
| | Natanael Mateo Fulgencio | | | | |
| | | Name of Person | | | |
| | Betel Barbershop LLC | | ; ; | 2024 MAR 19 PN 1:40 SECRETARY OF STATE | |
| Firm/Company | | | | 135 C 9 | |
| | 2425 SW Warwick St | | | | |
| | | Address | | 기소 미국적 | , 100 1 |
| | Port St Lucie, FL 34984 | | ,- | M 6 | |
| | | City/State and Zip Code | | | |
| | dsincometaxservices@come | | | | |
| | | to be used for future annual report noti | dication) | | |
| For further information | concerning this matter, please e | air: | | | |
| Natanael Mateo Fulger | icio | 305 900-0661 at () | | | |
| Name | of Person | Area Code Daytim | e Telephone Number | | |
| 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) | Certified (| ficate of Status & | |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL | porations fallahassee e Street, Suite 81 | 0 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Betel Barbershop | | | |
|--|---|--|--|
| (<u>Name of the Limited Limbility Company as it now</u> (A Florida Limited Liability Com | appears on our records.) apany) | | |
| The Articles of Organization for this Limited Liability Company were filed Florida document number L24000109367 | on 03/04/2024 and assigned | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liability comp | any here: | | |
| The new name must be distinguishable and contain the words "Limited Liability 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) | S 207 | | |
| | | | |
| | AA 25 | | |
| Enter new mailing address, if applicable: | \$ 9 F | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| | m o | | |
| B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here: | our records, enter the name of the new regist | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | ner Florida street address | | |
| | , Florida | | |
| City | 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 Changing Registered Agent, Signature of New Registered Agent

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> | <u>Address</u> | Type of Action |
|--------------|--------------------------|-------------------------|----------------|
| AMBR | Natanael Mateo Fulgenico | 2425 SW Warwick St | |
| | | Port St Lucie, FL 34984 | ■ Remove |
| | | | □Change |
| AMBR | Natanael Mateo Fulgencio | 2425 SW Warwick St | = Add |
| | | Port St Lucie, FL 34984 | □Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please Change the name From FULGENICO TO FULGENCIO 03/01/2024 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 March 14. 2024 Signature of a member or authorized representative of a member Natanael Mateo Fulgencio

Typed or printed name of signee