## 

(Re	equestor's Name)	)
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	









## **COVER LETTER**

TO: Registration S Division of Co		
Betancour	t Brazon Holdings LLC	
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please return all correspondent	ondence concerning this matter	to the following:
	Jesus Brazon	
		Name of Person
	Betancourt Brazon Hold	ings LLC
		Firm/Company
	850 NW 71st Street	
		Address
	Miami FL 33150	
	<del></del>	City/State and Zip Code
	jb@caracasbakery.com	
	E-mail address: (	(to be used for future annual report notification)
For further information of	concerning this matter, please c	call:
Jesus Brazon		305 9796450 at ( )
Name o	of Person	Area Code Daytime Telephone Number
Enclosed is a check for t	the following amount:	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 632	Section Corporations 27	Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

~~~BETANCOURT BRAZON HOLDINGS		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Comp.	any were filed on March 07, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
Betancourt Brazon Holdings LLC		
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>	<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, enter the na	ame of the new registe
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	-Zip Cade

## 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>	Name	Address	Type of Action
			🗆 Add
			🗆 Remove
			Change
			□Add
			🗆 Remove
			Change
			🗆 Add
			□Remove
			🗆 Change
			□ Add
		<del></del>	□Remove
			🗆 Change
		OAdd	□Add
		·	Remove
			□Change
	<del></del>	÷:	⊒ <b>A</b> dd
		· · · · · · · · · · · · · · · · · · ·	∏ G □ Remove
			□ Change

	nation, enter change(s) h	,,,,,,,,,,		,,	
					<del> </del>
			<del></del>		
					<del></del>
		<del></del>			
			<del></del>		
				<del></del>	
				<u></u>	
					<del></del>
				<u> </u>	
					<del></del>
<del></del>		<del></del>			<del></del>
					<del></del>
fective date, if other than the neffective date is listed, the date in this current's effective date on the	block does not meet the ap	plicable statute	ing or more than 90 d ry filing requireme	_(optional)  ays after filing.) Purs  nts, this date will:	uant to 605,020 not be listed as
sument's effective date on the	Department of State's reco	rus.			
ecord specifies a delayed effect is filed.	ive date, but not an effectiv	ve time, at 12:0	l a.m. on the earlie	r of: (b) The 90th	h day after the
ted May 14	. 2024	·	for Tude		
			\ L	. 1	
	Signature of a member or a	nuthorized repres	entative of a member	1965	. 9: <b>5</b> 5

- . . .

Filing Fee: \$25.00