

MI 000 005 888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

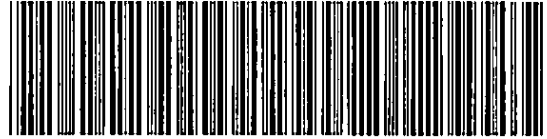
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
NOV 1 2018 9:34

NOV 04 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Betria Financial Holdings, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shawna Martinez
Name of Person

VB Capital Group LLC
Firm/Company

1009 Maitland CC Blvd Suite 209
Address

Maitland, FL 32751
City/State and Zip Code

Shawna@VBcapgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawna Martinez at (407), 848-1663
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

FILED
OFFICE OF STATE
CORPORATIONS
10/11/07 PM 9:34



RECEIVED

OCT 21 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2019

SHAUNA MARTINEZ
V 3 CAPITAL GROUP, LLC
1009 MAITLAND CC BLVD., SUITE 209
MAITLAND, FL 32832

SUBJECT: BETRIA FINANCIAL HOLDINGS, LLC
Ref. Number: M11000005888

We have received your document for BETRIA FINANCIAL HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Limited Liability Company, but your entity is a Foreign Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 219A00021237

RECEIVED
2019 OCT 28 AM 11:34

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Betria Financial Holdings, LLC

Enter new principal office address, if applicable:

(Principal office address
MUST BE A STREET ADDRESS)

1009 Maitland Commons
Center Blvd, Suite 209
Maitland, FL 32751

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: 11000005888

3. Jurisdiction of its organization: _____

4. Date authorized to do business in Florida: 12-21-2011

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter 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


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 10 2012
TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	V3 Capital Group LLC	1009 Maitland CC Blvd. Suite 209, Maitland,	<input checked="" type="checkbox"/> Add FL 32751
			<input type="checkbox"/> Remove
AMBR	Commercial Property Group, Inc		<input type="checkbox"/> Add
		2325 NW 102 Place Oral, FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

John C. Vick III

Typed or printed name of signee

Filing Fee: \$25.00