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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

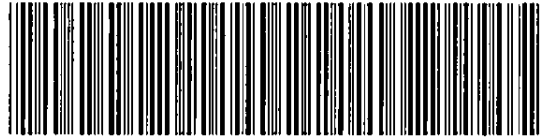
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/05/24--01015--019 **25.00

FILED
2024 SEP -5 AM 9:09
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

BETRAS KOPP^{LLC}

Brian P. Kopp, Esq.
bkopp@bk-laws.com
Licensed in Ohio & Florida

September 4, 2024

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street
Suite 810
Tallahassee, FL 32303

Re: Name Change

To Whom it may concern:

I have enclosed an *Application by Foreign Limited Liability Company to file Amendment to certificate of Authority to Transact Business in Florida*. I have also enclosed a check in the amount of \$25.00. Finally, I have enclosed a certified copy of the Certificate of Good Standing dated September 4, 2024 for Betras Kopp, LLC in Ohio.

Should you need any further information, please contact Kim Stehura at 1-800-457-2889 or by email at kstehura@bk-laws.com. Thank you.

Sincerely,
BETRAS KOPP, LLC



BRIAN P. KOPP, ESQ.

BPK/kas

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DIVISION OF STATE
TALLAHASSEE, FL

BETRAS ♦ KOPP, LLC

1408 N. Westshore Blvd, Suite 1020, Tampa, FL 34202 • T: 800.457.2889 • F: 330.702.8280 • www.betraskopp.com
Youngstown, OH ♦ Tampa, FL ♦ Sarasota, FL ♦ Hermitage, PA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Betras, Kopp & Harshman, 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:

Brian P. Kopp
Name of Person

Betras Kopp, LLC
Firm/Company

1408 N. Westshore Blvd. Suite 1020
Address

Tampa, FL 33607
City/State and Zip Code

bkopp@bk-laws.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian P. Kopp at (800) 457-2889
Name of Person Area Code & Daytime Telephone Number

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

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

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REG. DIV. OF STATE
TALLAHASSEE, FL

**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: Betras, Kopp & Harshman, LLC

Enter new principal office address, if applicable: 1408 N. Westshore Blvd. Suite 1020

(Principal office address
MUST BE A STREET ADDRESS) Tampa, FL 33607

Enter new mailing address, if applicable: 1408 N. Westshore Blvd. Suite 1020

(Mailing address
MAY BE A POST OFFICE BOX) Tampa, FL 33607

2. The Florida document number of this limited liability company is: M14000008726

3. Jurisdiction of its organization: Ohio

4. Date authorized to do business in Florida: November 25, 2014

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

5. New name of the limited liability company: Betras Kopp, LLC
(must contain "Limited Liability Company," "L.L.C.," 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," "L.L.C." 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

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CLERK OF COURT
TALLAHASSEE, FL

FILED

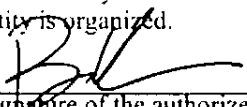
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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>
PART	Justin Markota	6630 Seville Drive, Canfield, OH 44406	<input type="checkbox"/> Add
_____	_____	_____	<input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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SECRETARY OF STATE
TALLAHASSEE, FL

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

Brian P. Kopp

Typed or printed name of signee

Filing Fee: \$25.00

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show BETRAS KOPP, LLC, an Ohio Limited Liability Company, Registration Number 1053379, was organized in the State of Ohio on January 4, 1999, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 4th day of September, A.D. 2024.*

A handwritten signature in black ink, appearing to read "Frank LaRose", written in a cursive style.

Ohio Secretary of State

Validation Number: 202424802788