## P15000043252

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## **COVER LETTER**

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TO: Amendment Sect Division of Corp				SOEC 23 RIVERS
NAME OF CORPO	RATION: BETTA IN ACTION	ON INC		
DOCUMENT NUM	BER: P15000043252			<u> </u>
	of Amendment and fee are su	ibmitted for filing.		•
Please return all corre	spondence concerning this ma	tter to the following:		
	MIGUEL A CORTIJO			
		Name of Contact Perso	on	
		Firm/ Company		<del></del>
	4119 TEE ROAD	Company		
	_	Address		
	SARASOTA FL 34235			
		City/ State and Zip Cod	le	
MCO	RTIJO@COMCAST.NET			
	E-mail address: (to be us	sed for future annual report	t notification)	
For further information	n concerning this matter, pleas	se call:		
MIGUEL CORTIJO		941 at (	400-7110	
Name o	of Contact Person		ode & Daytime Telephone l	Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Inhassee, FL 32314	Ameno Divisio Clifton	Address  Idment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

**BETTA IN ACTION** (Name of Corporation as currently filed with the Florida Dept. of State) P15000043252 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following ameniment sets to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: \_, Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>e</u>	<u>Addres</u> s	
1) X Change	P	MIG	UEL LEMUS	2 S. BREVARD AVENUE	
Add				ARCADIA FL 34266	
Remove					
2) X Change	D	YOS	BEL GONZALEZ	2 S. BREVARD AVENUE	
Add				ARCADIA FL 34266	
Remove					
3) Change					
Add					
Remove					
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4) Change					
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5) Change					
Add					
Remove					
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6) Change					
Add					
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f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
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<u> an amendment provides for an exch</u>	ange, reclassificati	on, or cancellation	of issued shares,	
(if not applicable, indicate N/A)	dment if not conta	ined in the amendi	<u>nent itself:</u>	
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The date of each amendmen date this document was signed		, if other than the
Effective date <u>if applicable</u> :	SAME AS FILING DATE	
incettve date in apprecione.	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dathe Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	ere adopted by the shareholders. The number of votes cast for the amendments rere sufficient for approval.	(s)
	ere approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
DatedSignature	7/2015	
(I s	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other couppointed fiduciary by that fiduciary)	
	MIGUEL LEMUS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	