(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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J. HORNE
FEB 14 2025
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2025 FEB 13 PH to 30

TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account ___120210000160: \$25.00 Authorization Signature and In-Betta Films LLC L25000027718 Business Name #Document Will wait Walk in ____ Certified Copy Certificate of Status **NEW FILINGS** <u>AMENDMENTS</u> __ Profit X Amendment Not for Profit Resignation of R.A. ____ Change of Registered Agent __ LLC Revocation of Dissolution Domestication INC Conversion ___Statement of Authority CORP **OTHER** Merger **REVOCATION OF DISSOLUTION REGISTRATION/QUALIFICATIONS OTHER FILINGS** TRANSMITTAL LETTER Foreign Filing ____ Partnership Fictitious Name Reinstatement Statement of CORRECTION Statement of Authority Domestication of a Foreign Corp. APOSTIL _ COUNTRY Other

FLORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:

2330 CLARE DRIVE

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE

TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account Authorization Signature	R_{-}
Betta Films LLC L25000	027718
Business Name	#Document
Walk in	Will wait
Certified Copy Certificate of Status	
<u>NEW FILINGS</u>	<u>AMENDMENTS</u>
Profit Not for Profit LLC Domestication INC CORP OTHER	X AmendmentResignation of R.A Change of Registered Agent Revocation of Dissolution Conversion Statement of Authority Merger REVOCATION OF DISSOLUTION
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
TRANSMITTAL LETTER	Foreign Filing Partnership
Fictitious Name	Reinstatement Statement of CORRECTION
Statement of Authority	
, p.o.cmii	Domestication of a Foreign Corp.
APOSTILCOUNTRY	Other
EXAMINER'S INITIALS:	_

COVER LETTER

Division of Corp	porations		
BETTA FIL	MS LLC		
	Name of Lam	ited Liability Company	
he enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing	
lease return all correspo	ndence concerning this matter	to the following:	
	ANDRES BETANCOUR I	ī	
		Name of Person	12-12-21-11-11-1-1-1
	BETTA FILMS LLC		
		Firm/Company	
	4695 SABLE PINE CIR		
		Address	
	UNIT D2, WEST PALM I	BEACH FL 33417	
		City/State and Zip Code	
	BETTAFILMSFL@GMAII	L.COM to be used for future annual report notif	
For further information o	concerning this matter, please c	all:	
Name o	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
№ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Addres Registration		Street Address: Registration Sec	ction
Division of C		Division of Cor	porations
P.O. Box 630	7	The Centre of T	allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2025 FEB 13 PH 12: 39

DELLY LIFTUR FIC	- J
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	srs on our records.)
The Articles of Organization for this Limited Liability Company were filed on Old Florida document number L25000027718	1/15/2025 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	<u>ere</u> :
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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
· 	
B. If amending the registered agent and/or registered office address on our ragent and/or the new registered office address here:	ecords, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	rida street address
	. Florida Zip Code
	Zip Ciste
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to act in this provisions of all statutes relative to the proper and complete performance of accept the obligations of my position as registered agent as provided for in 6 being filed to merely reflect a change in the registered office address. I here company has been notified in writing of this change.	my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
MGR	BETANCOURT ANDRES	4695 SABLE PINE CIRCLE UNIT D2	≅Add
	WEST PALM BEACH FL 33417	□Remove	
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			🗀 Add
			□Remove



Effective date, if other than the date of filing: (optional) (fan 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 800. Ante: If the date inserted ints block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. 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 dis filed. FEB 13TH 2025	
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Signature of a member or authorized representative of a member	
ANDRES BETANCOURT Typed or printed name of signee	

Filing Fee: \$25.00