

10/14/2016 OCT 14 2016 9:24AM

Division of Corporations

NO. 2058 P. 1

A11000000688

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H160002545163)))



H160002545163ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I199900000006
Phone : (407)425-7010
Fax Number : (407)425-2747

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: lschmidt@zkslawfirm.com

2016 OCT 14 AM 11:04
FILED
STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
BELLA VIA HOLDINGS, LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$52.50

2016 OCT 14 AM 9:46

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY
OCT 14 2016

((H16000254516 3))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BELLA VIA HOLDINGS, LIMITED PARTNERSHIP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

N. Dwayne Gray, Jr., Esq.
Contact Person

Zimmerman Kiser Sutcliffe, P.A.
Firm/Company

315 E. Robinson Street, Suite 600
Address

Orlando, FL 32801
City, State and Zip Code

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

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
 Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

MAILING ADDRESS:
 Registration Section
 Division of Corporations
 P. O. Box 6327
 Tallahassee, FL 32314

((H16000254516 3))

((H18000254516 3))

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

BELLA VIA HOLDINGS, LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

FILED
2016 OCT 14 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 9/19/2011, assigned Florida document number A11000000688, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:
(Must be STREET address)

New Mailing Address:
(May be post office box)

C. If amending the registered agent and/or registered office 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:

N. Dwayne Gray, Jr., Esq.

New Registered Office Address:

315 E. Robinson Street, Suite 600

Enter Florida street address

Orlando
City

Florida 32803
Zip Code

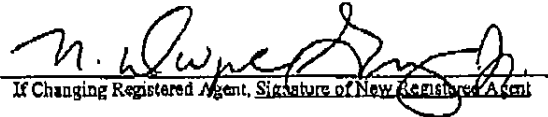
((H18000254516 3))

(((H16000254518 3)))

FILED
2016 OCT 14 AM 11:04
STATE OF TEXAS
ALLAHSEE, CLERK

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.


If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input 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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)

(((H16000254518 3)))

(((H16000254516 3)))

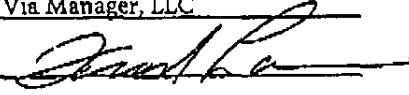
F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2016 OCT 14 AM 11:04
 FILED
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

Bella Via Manager, LLC _____
 By:  _____
 Frank Laurie, Manager _____

Signature(s) of all new or dissociating general partner(s), if any:

Filing Fee: \$52.50
 Certified Copy (optional): \$52.50
 Certificate of Status (optional): \$8.75

(((H16000254516 3)))