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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	<u> </u>
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	
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WH 2611

TRANSMITTAL LETTER

TO:

Registration Section Division of Corporations

Bella Villa Artistry, LLC SUBJECT:

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

John Robbolino Jr. (Name of Person)

Bella Villa Artistry, LLC

3301 South Coconut Island Drive, Unit 101

(Address)

Bonita Springs, Florida 34134

(City/State and Zip Code)

For further information concerning this matter, please call:

John Robbolino Jr. at (239) 498 9171
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status 555.00 Filing Fee & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

Bella Vista APFtistry, (IC neuname is

Bella Villa Artistry, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST:	The articles of organization were filed on document number 64000007611.	
SECOND:	liability company:	
Cha	inge the rune to Bella Villa Artistry	ر ⁽
	SECRETARY S.	
Dated	TARRY OF STATE N. PM 12: 12 THASSEE, FLORIDE	1
	Signature of a member or authorized representative of a member John Robbottoo Je	
	Typed or printed name of signee	

Filing Fee: \$25.00