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COVER LETTER

TO:

TO: Registration So Division of Cor			
SUBJECT: Bel	ila Vita Busin	ness LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gianella U	lexa Rossi Falla.	
	Bella 1		
		the following: The following: The following: The Ross Falla. Name of Person The Business Firm/Company The Worth Busy Village apt 273 Address Florida , 33141 City/State and Zip Code The Company The Worth Company	
	1927 East D	rive Weith Bay Villag	e apt 273
	Miami Read	h Florida 33141	
	- Hana Con	City/State and Zip Code	
	Gianellarossi 2	15@hotmail.com	
	E-mail address: (t	to be used for future annual report not	ification)
For further information c	concerning this matter, please ca	ill;	
Gianella	Rossi	at()954	1-512-7951
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
ヌ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addre	<u>ss:</u>	Street Address:	
Registration		=	
Division of C P.O. Box 631	-	Division of Co The Centre of 7	•
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bella Vita	a Business	LLC	
(<u>Name of the Limited</u> (A	Liability Company as it now Florida Limited Liability Com	appears on our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L 230002663S</u>		on June 1st, 2023	and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability compa	any here:	
The new name must be distinguishable and contain the wors	ds "Limited Liability Company	," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
			023
Enter new mailing address, if applicable:			. 20
(Mailing address MAY BE A POST OFFICE BOX)			-0
			22
B. If amending the registered agent and/or reg agent and/or the new registered office address	•	our records, <u>enter the n</u>	*
Name of New Registered Agent:		—	
New Registered Office Address:	En	ter Florida street address	
		, Florida	
	City	, i lottua	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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Gianella Uleva Rossi Falla	7927 East Drive apt 273	√Add
	Falla	Hiami Beach, FL, 33141	□Remove
			□Change
			□Add
			□Remove
			□Change
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ecord speci	fies a delayed effe	ctive date, but	not an effect	ive time, at 12	2:01 a.m. on the	earlier of: (b)	The 90th day a	ifter the
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