

L23 000478221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

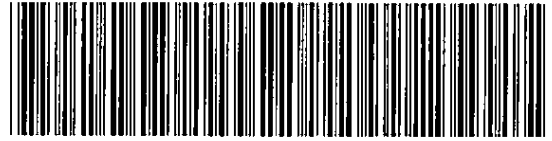
(Business Entity Name)

(Document Number)

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2023 DEC -4 AM 11:25

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bellini Group LLC
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:

Gisela Quesada
Name of Person

Bellini Group LLC
Firm/Company

13770 Beach Blvd #9
Address

Jacksonville FL 32224
City/State and Zip Code

MAMBESUBANCAFE@Yahoo.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gisela Quesada at (904) 803-9797
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
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BELLINI Group LLC

2023 DEC -4 AM 11:25

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 18, 2023 and assigned Florida document number L23000478221.

This amendment is submitted to amend the following:

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

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 records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City _____, Florida _____

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>DOLICE VATA LLC</u>	<u>13770 BEACH BLVD #9</u>	<input type="checkbox"/> Add
		<u>JACKSONVILLE FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32224</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>DOLCE VITA LLC</u>	<u>13770 BEACH BLVD #9</u>	<input checked="" type="checkbox"/> Add
		<u>JACKSONVILLE FL</u>	<input type="checkbox"/> Remove
		<u>32224.</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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