P15000018422

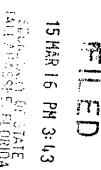
(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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		COVER LETTER		TAL 3
TO: Amendment Sec Division of Corp				CAHAS
NAME OF CORPO	DATE OF THE PROPERTY OF THE PR	I INC		- 23.5 25.5 3.5 3.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5
DOCUMENT NUM	BER: P15000018	422		_ 달로
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.		5m
Please return all corre	espondence concerning this ma	tter to the following:		
	ALIVAN C MA			<u> </u>
	BELLA MI INC	Name of Contact Person	n	
		Firm/ Company		
	10200 NEVER	SINK COURT	-	
	ORLANDO, FL	Address . 32817		
		City/ State and Zip Cod	e	
BF	ELLAMIINC@G	MAIL COM		
		sed for future annual report	notification)	_
For further information	on concerning this matter, pleas	se call:		
ALIVAN C	MARTINEZ CO	LON _{at (} 407	, 867-8891	
	of Contact Person		de & Daytime Telephone N	lumber
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	iling Address		Address	
	endment Section		ment Section	
	vision of Corporations D. Box 6327		n of Corporations Building	
Tallahassee, FL 32314			xecutive Center Circle	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

to For 5	
of the state of th	
BELLA MI INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	<u> </u>
P15000018422)
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:	nt(s) to
A. If amending name, enter the new name of the corporation:	
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."	r
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
reces, accept the appointment as registered agent. I am junitual with and accept the congutions of the position.	
Signature of New Registered Agent if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John D	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally S	mith	
Type of Action (Check One)	Title		Name	Address
1) Change	VP	_	BRYAN SANQUINTIN LARA	10200 NEVERSINK CT
Add				ORLANDO, FL 32817
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				-
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Remove				

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)
rovisions for implementing the amen	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: 03-11-2015	, if other than th
date this document was signed.	
Effective date <u>if applicable</u> : 03-11-2015	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_03-11-2015	
Signature Ole Matt	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
ALIVAN C MARTINEZ COLON	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	