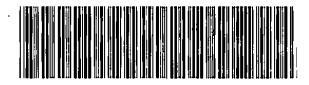
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(Re	questor's Name)	
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	, 65 TA BellA Name of Lin	IRAVE C/V3	1 LC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LON	NA SPITALERI Name of Person	
		Name of Person    Bella   Inova   Ki   Firm/Company	
	330	N. Treveral Hibs	hung #200
	Hollyu	City/State and Zip Code ,	20
	Home	Help 2011 C LIV	E, COM
For further information e	oncerning this matter, please c	atl;	
Michael	SgiTAleri	at $(\cancel{JSY})$ 394 Area Code Daytime	5831
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COSTA BELLAT	KRVE/Clus	LLC	
(Name of the Limited Liability (A Florida Li	Company as it now appears on ou mited Liability Company)	ır records.)	<del></del>
The Articles of Organization for this Limited Liability Con Florida document number <u>L 18000 226 009</u> .	npany were filed on	24/18	and assi
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designat	on "LLC" or the abbrevi	ation "L.1C
Enter new principal offices address, if applicable:	<del></del>		
Principal office address MUST BE A STREET ADDRES	SS)		
		2 2	
		000	A
nter new mailing address, if applicable:			* :
Mailing address MAY BE A POST OFFICE BOX)			y · · pul.
			—
		<del></del>	<u>;</u> ;
<ol> <li>If amending the registered agent and/or register egistered agent and/or the new registered office address</li> </ol>	ed office address on our	11-1	name of t
	,		
Name of New Registered Agent:			
New Registered Office Address:			·
	Enter Florida stree	et address	
		Florida	
	City	Zi <sub>i</sub>	r 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 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of
sses.	LONNA Spitaleri	3324 ATIANTA ST	Add
		Hollyword, FL 33021	□ Remc
			Chang
V.?	MICHAEl SPITAleei	330 N. Fea Hing	D Add
		Hollywoud FL 3302 P	Remov
MGR	Joseph Spitakni	3387 SHEEDON ST #612	
		Hollywood FL 33021	B Remove
			Change
			— Add
		: 	
			Remove
			7
<del></del>			O Add
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_	LONNAS	Pitaleci -	TO F	iesipou	T (	1HANG	e)
-	Joseph.	Spirolen	Rei	nove	(Com	pler	4)
-	MIChael	Spitaleri	TO	V-P.	(CA	JANGE,	)
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_						\$\frac{2}{5}\$	8:27
ian effe <u>Vote:</u> I	ective date is listed, the If the date inserted in	an the date of filing: date must be specific and ca this block does not mee n the Department of Stat	nnot be prior to out the applicable	date of filing or more statutory filing	re than 90 days a	<b>ptional)</b> ifter (iling.) I this date w	Pursuant to 60 ill not be lis
		elayed effective dat ne record is filed.	e, but not a	ın effective tir	ne, at 12:0	1 a.m. oi	n the earl
	10/2/1	8					
ated _		n / 1 /	10				
ated _		Muchal Sagnature Walmer	nber or authorize	ed representative o	f a member		

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

Page 3 of 3

O:

Filing Fee: \$25.00