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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006

Phone

: (407)425-7010

Fax Number

: (407)425-2747

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

# LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION BELLA VIA HOLDINGS, LIMITED PARTNERSHIP

Certificate of Status	0
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Page Count	06
Estimated Charge	\$52.50

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Help

K. SALY

OCT 1 4 2016

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### COVER LETTER

TO: Registration Division o	n Section f Corporations		
SUBJECT:	BELLA VIA HOLE	DINGS, LIMITED F	PARTNERSHIP
		and fee(s) are submitted	•
Please return all co	orrespondence concerni	ing this matter to:	
N,	Dwayne Gray, Jr., E.	sq	
7:	332.0000		
Zimm	erman Kiser Sutcliffe Firm/Company	, P.A.	
345 🗖		du coo	
315 E	Robinson Street, Su	ite 600	
	Orlando, FL 32801		
	City, State and Zip Code		
	lgray@zkslawfirm.co		
g-mail address:	(to be used for future annua	report nonfication)	
For further inform	ation concerning this m	natter, please call:	
		at ()	
Name of Co	ntact Person	Area Code and Day	time Telephone Number
Enclosed is a chec	k for the following amo	ount:	
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Pec, Certified Copy, and Certificate of Status
STREET ADDR) Registration Section Division of Corpor Clifton Building 2661 Executive Corpor Tailahassee, FL 3	on rations enter Circle	MAILING A Registration Division of CP. O. Box 63 Tallahassee,	Section Corporations 327

#### CERTIFICATE OF AMENDMENT TQ CERTIFICATE OF LIMITED PARTNERSHIP OF

# BELLA VIA HOLDINGS, LIMITED PARTNERSHIP

	(((H18000254516 3)))		
CERTI	FICATE OF AMENDMENT	r S	Mac III a
_ may.c.	TO	•	
CEDTIEICA'	TE OF LIMITED PARTNE	QTH2Q	等分。 医二种
CERTIFICA.		NG COLO	1000 mg
	OF		
BELLA VIA HOL	DINGS, LIMITED PART	INERSHIP	
	ntly on file with Florida Departmen	h of Ctata	
m36: firence our t	atily on the wift I write to butter	COI Bale	
Pursuant to the provisions of section 620.	1202. Florida Statutes, this FI	orida limited partnership	or ,
limited liability limited partnership, whose			
	gned Florida document numbe		
adopts the following certificate of amend			<del></del>
sooke me tonowing countries of surring	Mont to its consequence of instance	a particiomp.	·
This amendment is submitted to amend the fo	Newine.		
This sittlementation is substituted to sittlement offer to	помяна.		
A. If amending name, enter the new usman here:	e of the limited partnership or	limited liability limited pa	rinership
New name must be	listinguishable and contain an accep	table suffix.	!
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership	Partnership, Limited, L.P., LP, or I suffixes: Limited Liability Limited I	.td. Partnership, L.L.L.P. or LLLP.	;
B. If amending mailing address and/o principal office address here:	r principal office address, <u>c</u> r	ter new mailing addres	s aud/or
New Principal Office Add	-acc'		Ì
_ <del> </del>	033.		
(Must be STREET address)			į
			·
New Mailing Address:			
(May be post office box)			Ì
			1
			j
C. If amending the registered agent and/ new registered agent and/or the new regist	or registered office address on ered office address bezet	our records, enter the na	me of the
			1
Name of New Registered Agent:	N. Dwayne Gray, Jr., Est	<u> </u>	
New Registered Office Address:	315 E. Robinson Street,	Suite 600	
Mew Megisted Dittee Authors.	New Registered Office Address:  Enter Florida street address		
			) ;
	Orlando	, Florida 32803	į, i
	City	Zin Code	! {

Page 1 of 3

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### 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.

If Changing Registered Agent, Signature of New Registary Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

Title	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
<del></del>			Add Remove
<del></del>			Add Remove
			Add
			Add Remove
	partnership or limited liabilit np" status, enter change here:	y limited partnership is s	nmending its "limited liability
This Limite	ed Partnership hereby elects to be	a "Limited Liability Limit	ted Partnership."
This Limite	ed Partnership hereby removes it	s "Limited Liability Limite	d Partnership" status,

Page 2 of 3

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

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	٠
F. If amending any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)
	1/34 Of
Effective date, if other than the date of filing:	
(Effective date cannot be prior to nor more than 90 days after ti	he date this document is filed by the Florida Department of
State.)	
Signature(s) of a general partner or all general pa	rtners*:
("NOTE: Only one current general partner is required to sign tremoving a "limited liability limited partnership" election states when adding or removing a "limited liability limited partnership."	ment. Chapter 620, P.S., requires all general partners to sign
Bella Via Manager, LLC	
21/	
Ry. Sound ha	
Frank Laurie, Manager	
Signature(s) of all new or dissociating general par	·(ner(s), if any:
Bignature(s) of an new of dissociating general par	INDEX TOTAL TERMS
Filing Fee: \$52.50	:
Certified Copy (optional): \$52.50	