

**LD2000035150**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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FILED  
12 MAR 26 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
MAR 27 2012  
**EXAMINER**

BELVEDERE SHOPPS, LLC  
10850 KIMBERFYLD LANE  
PORT ST. LUCIE, FL 34986  
772-370-7573 FAX 772- 595-3413  
Email: [aparupia@att.net](mailto:aparupia@att.net)

March 22, 2012

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

RE: Belvedere Shopps, LLC  
Amendment Request

Dear Sir:

Enclosed please find the Cover Letter and Articles of Amendment to Articles of Organization of Belvedere Shopps, LLC request to delete Souad Parupia along with our check No. 5408 in the amount of \$30.00 for filing fee and Certificate of Status.

Thank you and please process accordingly,

Sincerely,

  
ARLE "PETE" PARUPIA  
MANAGING MEMBER

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Belvedere Shopps, 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:

Arif Parupia

Name of Person

Belvedere Shopps, LLC

Firm/Company

10850 Kimberfyld Lane

Address

Port St. Lucie, FL 34986

City/State and Zip Code

aparupia@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arif Parupia

Name of Person

at ( 772 )

370-7573

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/COURIER ADDRESS:

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

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

FILED  
12 MAR 26 PM 3: 32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Belvedere Shopps, LLC  
(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 December 30, 2002 and assigned Florida document number L02000035150.

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 end with 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*

\_\_\_\_\_, Florida \_\_\_\_\_

City

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

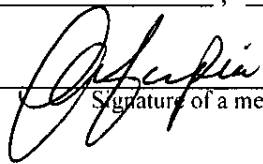
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Souad Parupia	10850 Kimberfyld Lane	<input type="checkbox"/> Add
		Port St. Lucie, Florida 34986	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated March 21, , 2012



Signature of a member or authorized representative of a member

Arif Parupia

Typed or printed name of signee

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