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Special Instructions to	Filing Officer.	

Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
CUDI	Bella Capit			
SUBJ	ECT:	Name of Lim	ited Liability Company	
The en	nclosed Articles of .	Amendment and fec(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		Zdenko Korunda		
			Name of Person	
		Bella Capital, LLC		
			Firm/Company	
		P O Box 110101		
		· · · · · · · · · · · · · · · · · · ·	Address	
		Naples, FL 34108		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For fu	irther information co	oncerning this matter, please ca	all:	
			at () Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed 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

Bella Capital ,LLC		Ξ_{α}
(Name of the Limited	1 Liability Company as it now appears on or A Florida Limited Liability Company)	or records.)
The Articles of Organization for this Limited Lia Florida document number L03000042251	bility Company were filed on 10/31/20	
This amendment is submitted to amend the follow	wing:	PH 2: JF STATE JF CORU
A. If amending name, enter the new name of t	the limited liability company here:	D
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/o registered agent and/or the new registered offi		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	vet 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 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>	Address	Type of Action
AMBR	Michel Lopez Lopez	11030 Light House Ct	
		Tamarac, FL 33321	Add
			■ Remove
			Change
MGR	Zdenko Korunda	P O Box 110101	8.44
		Naples, FL 34108	Add
			Remove
			Change
MGR	Nena Korunda	P O Box 110101	
		Naples, FL 34108	
			□ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
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			☐ Remove
			Change

looked at the amendment form and noticed my signature was forged. Whoever submitted the amendment forms replaced my name with a Michel Lopez Lopez with the address of 11030 Lighthouse. Ct. Tamarac. FL 33321. This is fraud and needs to be change immediately. 8/22/18 ctive date, if other than the date of filing: 18/22/18 ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 e. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list iment's effective date on the Department of State's records.	recent change on the Florida Depart of State, Division of Corp, and that change is fraudulent.	
amendment forms replaced my name with a Michel Lopez Lopez with the address of 11030 Lighthouse Ct. Tamarac. FL 33321. This is fraud and needs to be change immediately. 8/22/18 ctive date, if other than the date of filing: cflective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 grid if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filled.		
Ct. Tamarac. FL 33321. This is fraud and needs to be change immediately. 8/22/18 ctive date, if other than the date of filing: (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 Et if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list imment's effective date on the Department of State's records. eccord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earling 90th day after the record is filed.	looked at the amendment form and noticed my signature was forged. Whoever submitted the	
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ne 90th day after the record is filed.	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	t to 605 be liste
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Signature of a member or authorized representative of a member	\	
	Signature of a member or authorized representative of a member	

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

Page 3 of 3

Filing Fee: \$25.00



L03000042251 Amendment - 7/31/18

Statement of Fact

August 22, 2018

To: Michelle Mulligan
Supervisor of Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

From: Bella Capital, LLC Zdenko Korunda P. O. Box 110101 Naples, FL 34108

Dear Mrs. Michelle Mulligan,

I, Zdenko Korunda, managing member for Bella Capital, LLC since 2003, received an email about recent change on the Florida Depart of State, Division of Corp, and that change is fraudulent. I looked at the amendment form and noticed my signature was forged. Express Corporate Filing Service, Inc., submitted the amendment forms and replaced my name with a Michel Lopez Lopez with the address of 11030 Lighthouse Ct, Tamarac, FL 33321. This is fraud and needs to be changed back immediately.

I called and spoke with Mr. Vince Smith from Divisions of Corporations and he explained the process I need to take. I also called Express Corporate Filing Service, Inc., who made the fraudulent filing in someone else name and I am waiting for their return phone call.

I can be best reached at my office phone (239)591-2803 or (239)431-6464.

Thank you for your help in this unfortunate situation.

Sincerely,

Zdenko Korunda Manager Member Bella Capital, LLC P. O. Box 110101 Naples, FL 34108 (239) 591-2803

JENNIFER MICHAEL
MY COMMISSION # GG 058649
EXPIRES: April 28, 2021
Bonded Thru Notary Public Underwriters

ippAMIChaul 8/22/18