

L04000067554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

L04-67554

(Document Number)

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~~Al. Sullivan~~ AUG 8 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 8, 2014

DAVID DIAZ  
19240 SW 207 AVENUE  
MIAMI, FL 33187

SUBJECT: BELLA INVESTMENTS,LLC  
Ref. Number: L04000067554

We have received your document for BELLA INVESTMENTS,LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 914A00017087

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Bella Investments, 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:

**David Diaz**

Name of Person

Firm/Company

**19240 SW 207 Ave**

Address

**Miami, FL 33187**

City/State and Zip Code

**davediaz751@gmail.com**

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

For further information concerning this matter, please call:

**DAVID DIAZ**

Name of Person

**786 346-7477**

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**

**BELLA INVESTMENTS, 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 09-15-2004

and assigned

Florida document number L04000067554

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

1561 NE 118 ST MIAMI FL 33161 LLC

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)**

19240 SW 207 AVE

MIAMI, FL 33187

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

19240 SW 207 AVE

MIAMI, FL 33187

**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:

DAVID DIAZ

New Registered Office Address:

19240 SW 207 AVE

Enter Florida street address

MIAMI

City

, Florida 33187

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	DAVID DIAZ	19240 SW 207 AVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33187	<input type="checkbox"/> Remove
VP	MARY-JANE A DIAZ	19240 SW 207 AVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33187	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

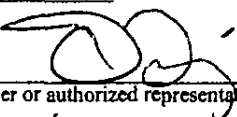
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NON APPLICABLE

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JULY 24TH, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

David DIAZ

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
14 AUG 14 PM 1:06  
CLERK OF COURT  
JULY 24 2014