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SECRETARY OF STATE
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D. BRUCE

OCT 0 1 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: 3	ELLA VIT (Name of Limi	ited Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	CLARK	RRANDT (Name of Person)		
	TSELLA	(Firm/Company)	<u></u>	
	1828 MH WENDERM	PLE LEAF J (Address) ERE, FL 347	DRAVE 86	2008 SEP 30 SECRETARY TALLAHASSE
CLARK BG	oncerning this matter, please careful of Person)	(City/State and Zip Code) all: at (407) 497-39 (Area Code & Daytime T		BO AMII: 25 SY OF STATE SEE, FLORIDA
Enclosed is a check for the	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 Certificate o Certified Co (additional o	of Status &

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 VITA	, LLC	•	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company Florida document number LO500036 287	y were filed on APRTL		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:	•	
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," tl	ne designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	A/N	2008 SEC	
(Principal office address MUST BE A STREET ADDRESS)		SEP SEP	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	30 MIII: 25 SKE. FLORIDA	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here.		ecords, enter the name of the new	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	(Futor F	lorida street address)	
	,		
	(City)	, Florida (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 **Title Name Address Type of Action** SHARON M. BRANDT MGRM ☐ Remove Remove Add 🕝 Remove **□** Add Remove □ Add Remove Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated SEPT. 29 Signature of a member or authorized representative of a member D. BRANDT
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00