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D SCOTT
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COVER LETTER

TO:

	egistration Se ivision of Cor						
Bell & Bell Properties LLC							
SUBJECT	:	Name of Lim	ited Liability Company		· · · · · · · · · · · · · · · · · · ·		
		Amendment and fee(s) are sub					
Please retui	rn all correspo	indence concerning this matter	to the following:				
		Kimberly B Bell					
			Name of Person			_	
		Bell & Bell Properties LLC				_	
		124 N. Nova Rd Suite125	Firm/Company				
			Address			-	
		Ormond beach FL 32174				_	
		Kimbell.fl@gmail.com	City/State and Zip Co	de 			
			to be used for future ann	ual report notifica	tion)		
		oncerning this matter, please ca					1
Kimberly I		f Person	386 at ()	212-8686	1 1 21 1	- C	
	Name o	i Person	Area Code	Daytime 1	elephone Number		
Inclosed is	a check for th	he following amount:					? -
\$25,00	Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing For Certified Copy tadditional copy is		Certified	ite of Status &	-•
	Registr Divisie P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Regis Divisi Clifto 2661	EET/COURIER tration Section ion of Corporation Building Executive Cente nassee, FL 3230	ons er Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bell & Bell Properties LLC

(Name of the Limited Liability Company (A Florida Lumited Lia	y as it n	ow appears on our records.)	
(A Pionda Linned Li	авинус	company)	
The Articles of Organization for this Limited Liability Company w	vere til	ed on <u>03/16 2006</u>	and assigned
Florida document number L06000029612			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ity con	npany here:	
The new name must be distinguishable and contain the words "Limited Liability	ıy Comp	any," the designation "LLC" or the a	bbreviation "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)			
3. If amending the registered agent and/or registered offi	ice ad	dross on our recards enter	the name of the new
egistered agent and/or the new registered office address here:		dress on our records, enter	THE THE
			12 E
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street address	
		, Florida	
	City		Zip Code
w Registered Agent's Signature, if changing Registered Agent:			
nereby accept the appointment as registered agent and agree ovisions of all statutes relative to the proper and complete perpet the obligations of my position as registered agent as pring filed to merely reflect a change in the registered office a many has been notified in writing of this change.	perform rovided	nance of my duties, and I am I for in Chapter 605, F.S. Or	familiar with and , if this document is
If Chana	vina Rec	gistered Agent, Signature of New R	edistared Agent
Ti Chang	pg 176 j	The same of the sa	enteren sagetti

Page 1 of 3

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 Type of Action <u>Name</u> Address Title 82 Grey Dapple Way Rebecca Lynne Cappelle Bell **AMBR ■** Add Ormond Beach FL32174 □ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove Change E Addo Remove _D Change \square Add ☐ Remove ☐ Change

amending any other in	ormation, enter cha	inge(s) here: (Attu-	ch additional sheets, if	necessary.)
				
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		07/25/7017		
ffective date, if other th			(0	optional)
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ocument's effective date or	the Department of Sta	ite's records.		
e record specifies a do The 90th day after th	layed effective da e record is filed.	ite, but not an er	fective time, at 12:0	01 a.m. on the earlier
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<i></i>	residualy B	1211	nresentative of a member	<u></u> ယ
	Signature of a mo	emper or authorized rep	resentative of a member	ジャニ
Kimberly B Bell				

Page 3 of 3

Filing Fee: \$25.00