

(Requestor's Name)
(Address)
(Address)
,
(City/Chata/7/m/Dhana 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

JUN 28 2011

EXAMINER



000209106000

06/27/11--01010--026 **30.00

11 JUN 27 PM 2: 25
SECRETARY OF STATE
MANAGEMENT FLORID

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	BelleVer	properties LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
		Tom Venetis			
		Name of Person			
	Ве	elleVen Properties LLC			
		Firm/Company			
	942	1 Chartwell Breeze Drive			
		Address			
	В	Bonita Springs/Fi 34135			
		City/State and Zip Code			
	Vel	nvp@embarqmail.com to be used for future annual report noti	fication)		
For further information	concerning this matter, please of	·			
	tonioning and manor, premise				
··· ·· · · · · · · · · · · · · · · · ·	Tom Venetis	at (239)	980-3505		
Name of Person		Area Code & Daytin	ne Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

BeileVen Pro	perties, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appe a Liability Company)	rs on our records.		
The Articles of Organization for this Limited Liability Company	10/16/2006	and assigned		
Florida document numberL06000100789				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	any," the designation "L	.LC" or the abbreviation	n
Enter new principal offices address, if applicable:	9421 Chartw	ell Breeze Drive		
(Principal office address MUST BE A STREET ADDRESS)	Bonita Spring	gs, FL 34135		
	c/o Tom Venetis			
Enter new mailing address, if applicable:	same as abo	ove	Th Jul	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on e:	our records, enter t	hespame of the ne	w
Name of New Registered Agent:				
New Registered Office Address:		nter Florida street add	*APS	
	E)		, e.a.,	
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member <u>Title</u> **Name** <u>Address</u> Type of Action MGR **Bill Avramis** 408 College Avenue ☐ Add Remove Ithaca, NY 14850 Tom Venetis MGR 9421 Chartwell Breeze Drive Bonita Springs, Fl 34135 Remove Remove Add Remove ∏Add Remove Add ☐Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 21 Dated Signiture of a member or authorized representative of a member Tom Venetis Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00