# 106000/21702

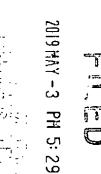
(Requestor's Name)
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(Document Number)
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C. GOLDEN MAY 1 6 2019

# **COVER LETTER**

TO:	Registration S Division of Co			
SUBJE		ista of Gainesville, LLC		
GODGI		Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Carol R. Bosshardt	
			Name of Person	
			Firm/Company	
			5522 NW 43rd Street	
			Address	
			Gainesville, FL 32653	
			City/State and Zip Code carol@bosshardtrealty.com	
		E-mail address: (	to be used for future annual report notifi	cation)
For furt	ther information o	concerning this matter, please co	all:	
	Carol R. B	osshardt	352 240-2707	
	Name o	of Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for t	he following amount:		
□ \$25	5.00 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)

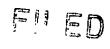
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

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**



2019 MAY - 3 PM 5: 29

		ainesville, LLC		
(Name of the Limited (A	Liability Comps Florida Limited	ny as it now appears Liability Company)	on our records.)	<del>and ward</del> nashijiji
The Articles of Organization for this Limited Liab	ility Company	were filed on	Dec 22, 2006	and assigned
Florida document numberL06-0001-217-02	·			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liab	ility company her	<u>ne</u> :	
Bella Elegance, LLC				
The new name must be distinguishable and contain the word	ls "Limited Liabii	lity Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	5522 NW 43rd S	treet	
(Principal office address MUST BE A STREET.	ADDRESS)	Gainesville, FL 3	2653	
	-	USA		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO				
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered of e address here	fice address on	our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	Job E. White	СРА	···	
New Registered Office Address:	10216 SW 49			
		Enter Florid	la street address	
	Gainesville		, Florida _	32608
New Registered Agent's Signature, if changing Reg	ietered Anent-	City		Zip Code

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.

> 166 White 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 = Ma AMBR = Au	inager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗀 Add
			□ Remove
		-	☐ Change
			Add
			□ Remove
			Change
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Effecti	ve date, if other than the date of filing: (optional)
Note:	ective 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
he rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated _	<del>,</del> ,,
	V P. A. M.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00