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SECRETARY IN STATE A



COVER LETTER

Division of Corporations										
SUBJECT: BELLA CITY HOMES 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:										
Jack Osping Name of Person BELLA CITY HOMES (((Firm/Company 6890 SW 19 St. Address Miami FC 33155										
JREALTY INC OACL, COM										
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:										
at () Name of Person										
Enclosed is a check for the following amount: \$\begin{align*}\text{\$\frac{1}{2}}\$ \text{\$\frac{1}{2}}\$ \$\fr										

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

	- •	HOIYES,		<u>-</u>	
(<u>Name of the Limited Li</u> (A Fl	<mark>ability Company as it no</mark> orida Limited Liability Co	w appears on our records.) ompany)			
The Articles of Organization for this Limited Liabi Florida document number <u>LO7000</u> /		2/8/07	and	l assign	ned
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liability comp	oany here:			
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liabili	ty Company," the designation	"LLC" or t	he abb	reviation
Enter new principal offices address, if applicable	le:	· , · , · · · · · · · · · · · · · · · ·			
(Principal office address MUST BE A STREET A	(ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u></u>				
B. If amending the registered agent and/or registered agent and/or the new registered office		ess on our records, <u>enter</u>	the nam	e of t	he new
N 621 B 11 14 1					
Name of New Registered Agent:			32 (\$)	8	75
New Registered Office Address:		r , r , r	1	- 	- Palvara - America
		Enter Florida street ad	aress-C	7	
-	C:	, Florida _	14 14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15		TUNED
N P 1	City		Zip C	ode	
New Registered Agent's Signature, if changing Reg	istered Agent:		35	, P	

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 ameriding 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 **Type of Action Title** <u>Name</u> Address Richard Ospina ☐ Add Remove ☐ Add Remove ─ Add Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Richard Ospina 95 a member questions (305)815-8384 me Call Januar Signature of a member or authorized representative of a member Jack OSpina Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00