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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BELLA VISTA POOL S & SPAS, LL C Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Randy Perillo Name of Person	
Bella Vista Firm/Company	
7680 West DR.	三型名
Wesley Chapel FL 33544 City/State and Zip Code Leah @ per: 110 and associates com E-mail address: (10 be used for future annual report notification)	TABLE PA 2: 35
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Rayna Per: 110 at (813) 994~7663 Name of Person Area Code Daytime Telephone Number	ं अ
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, 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

Bella Vista (Name of the Limited Liability Compar (A Florida Limited L	Pools & SPAS, LC ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 0700011330 4</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
Bella Vista Contracting The new name must be distinguishable and contain the words "Limited Liablishable"	, LLC
The new name must be distinguishable and contain the words "Limited Liabili	ify Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7680 West Dr.
(Principal office address MUST BE A STREET ADDRESS)	Wesley Chapel, FL 33544
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7680 West DR. Wosley Chapel, FL 33544F
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the fiew
Name of New Registered Agent:	N/A 35 E
New Registered Office Address:	N A Enter Florida street address
· ————————————————————————————————————	NA , Florida NA Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

AMBR = **Authorized Member Type of Action** <u>Title</u> Name <u>Address</u> _□ Ađd _□ Remove ☐ Change _□ Add _□ Remove _□ Change _□ ∧dd □ Remove _□ Change _□ Remove _□ Change □ Add _□ Remove _□ Change _□ Add □ Remove _□ Change

If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an effectiv Note: If th	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed.
Oated	February 27, 2017.
	Signature of a member or authorized representative of a member
	·
	Randy T Perillo Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00