## L08000019611

(Requestor's Name)	
(Address)	
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(Address)	
• (City/State/Zip/Phone #)	<del></del> .
PICK-UP WAIT MA	AIL
(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE

W. College DEC 1 8 2000

## **COVER LETTER**

TO:	Registration : Division of Co	orporations				
		Bi	= LLO 1	TALIAUO	260	
SUBJE	ECT:		imited Liability Company)		•	
		,	,			
The en	closed Articles o	of Amendment and fee(s) are s	ubmitted for filing.			
Please	return all corres	pondence concerning this matt	er to the following:			
		ROBERT	A. MALL (Name of Person)	oev		
			(Name of Person)			
		BELLO	FTALIANO,	LLC		
			TTALIANO, (Firm/Company)			
•		7461 S	.W. 62 nd 57	PEFT		
			(Address)			
		MiANI	FLOR! &A  (City/State and Zip Code)	33/43		
			(City/State and Zip Code)			
For fur	ther information	concerning this matter, please	call:			
	RABERT	A. MALLOW	at (305) 66	3.16 44		
(Name of Person)			at (305) 663.16 44 (Area Code & Daytime Telephone Number)			
Enclose	ed is a check for	the following amount:				
<b>√</b> \$25	.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is a		of Status &	
		LING ADDRESS:		COURIER ADDRESS:		
	Divis	stration Section tion of Corporations Box 6327	Registratio Division o Clifton Bu	f Corporations		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

08 DEC 17 AHII: 54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

BELLO	FINLIANO	o LLC	
(Name of the Limited I	Liability Company as it n Florida Limited Liability C	ow appears on our records.) Company)	
The Articles of Organization for this Limited Lia Florida document number	bility Company were file	_	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liability com	pany here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	'ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered officers.		ress on our records, enter	r the name of the new
Name of New Registered Agent:	ROBERT	A. MALLON	<u>J</u>
New Registered Office Address:	7461	A. MALLON S.w. 62 nd S	vneer
	MIL and !	(Enter Florida street e	address)
	(City)	, Florida _	(Zip Code)
No The state of			

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 Changing Registered Agent, Signature of New Registered Agent)

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Type of Action Title **Name Address** ALESSANDRO RESTIVO TADO NW 36th St. DAdd
Suite 101 Demove GARNETHILL ENTERPRISESLIC 7461 S.W. GOTAST.
MIAMI, FL. 33143 🎵 Add Remove ☐ Add Remove 🗖 Add Remove Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) 2008. 10 Signature of a member or authorized representative of a member Typed or printed name of signee TheNETH, 'W ENTER PRISES, LIC Page 2 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Filing Fee: \$25.00