

LO8000076397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

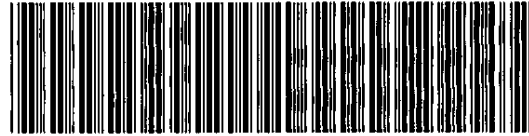
(Business Entity Name)

(Document Number)

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08/30/10--01025--012 **30.00

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

10 AUG 30 PM 2:00

FILED

D. BRUCE

AUG 31 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BELLA CASA TILE LLC
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:

Name of Person
ACCOUNT BOOKKEEPING CORP

Firm/Company
5950 LAKEHURST DR STE 246

Address
ORLANDO , FL 32819

City/State and Zip Code
bella.casa.tilellc@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE A LEMUS at (**407**) **898-1757**
Name of Person Area Code & Daytime Telephone Number

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Enclosed is a check for the following amount:

- \$25.00 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

BELLA CASA TILE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/08/2008 and assigned
Florida document number L08000076397.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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10 AUG 30 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: DIVINO MENDONCA

New Registered Office Address: 4924 EAGLESMERE DR. # 313
Enter Florida street address

ORLANDO, Florida 32819
City 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.

DIVINO MENDONCA
If Changing Registered Agent, Signature of New Registered Agent

If amending 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	DIVINO A MENDON	1165 PERPIGNAN CT KISSIMME, FL 34759	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DIVINO MENDONCA	4924 EAGLESMERE DR. APT 313 ORLANDO, FL 32819	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	GILDEONE A MENDON	4515 OAK CREEK ST. APT 113 ORLANDO, FL 32835	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	GILDEONE MENDONCA	4924 EAGLESMERE DR. APT 313 ORLANDO, FL 32819	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
D	DIVANILTON A MENDON	4515 OAK CREEK ST. APT 113 ORLANDO, FL 32835	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SILLAS DE ALMEIDA	4515 OAK CREEK ST. APT 113 ORLANDO, FL 32835	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 10 AUG 30 PM 2:00
FILED

Dated AUGUST / 25 , 2010

Divino Mendonca
Signature of a member or authorized representative of a member

DIVINO MENDONCA
Typed or printed name of signee