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| (Requ | estor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
| Special Instructions to Fil | ing Officer: | |
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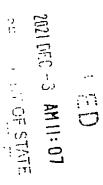
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| CUBICCT. | BELLAMA | R ENTERPRISES, LLC | | • | |
| SUBJECT: | | Name of Lim | ited Liability Company | <u>.</u> | |
| The enclosed | d Articles of . | Amendment and fee(s) are sub | mitted for filing. | | |
| | | ndence concerning this matter | | | |
| | | Rocio Bruni | | | |
| | | | Name of Person | | |
| | | Nishad Khan, P.L. | | | |
| | | | Firm/Company | | |
| | | 1303 N. Orange Ave. | | | |
| | | Address | | | |
| | | Orlando, FL 32804 | | | |
| | | City/State and Zip Code | | | |
| | | rocio@nishadkhanlaw.com | to be used for future annual report no | teffention) | |
| For further i | nformation c | oncerning this matter, please of | | arreadon) | |
| Rocio Brun | i | | 407 2289711 at () | | |
| | Name o | ſ Person | | me Telephone Number | |
| Enclosed is: | a check for th | ne following amount: | | | |
| ■ \$25.00 I | 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) | |
| | iling Addres | | Street Address: Registration S | ection | |
| Di | vision of C | orporations | Division of Co | Division of Corporations | |
| | D. Box 632 Hahassee, I | | The Centre of | Tallahassee oe Street, Suite 810 | |
| 12 | nanassee, l | L 34317 | 7412 14' MOIII | oc pacer, banc blo | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BELLAMAR ENTERPRISES, LL | | records) |
|---|---|------------------------------------|
| (Name of the Limi | ted Liability Company as it now appears on our r (A Florida Limited Liability Company) | ecoros.) |
| The Articles of Organization for this Limited L | iability Company were filed on 12/08/2008 | and assigned |
| Florida document number | · | |
| This amendment is submitted to amend the following | lowing: | |
| A. If amending name, enter the new name of | of the limited liability company here: | |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE | | |
| | | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | | |
| agent and of the new registered office agent | | 2021 SEC |
| Name of New Registered Agent: | ANGELA COFFONE CORANO | - F |
| New Registered Office Address: | 8400 Willow Tree Court Enter Florida street | ; |
| | Orlando | _, Florida 32836 Code C |
| | City | Zip Code |
| New Registered Agent's Signature, if changing | Registered Agent: | ਜ਼ ਾ |

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------|------------------------|----------------|
| MGR | Marcello C. Machado | 9572 Sidney Hayes Road | □Add |
| | | Suite 103 | ≣Remove |
| | | ORLANDO, FL 32824 | Change |
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| | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| ote: | ive date, if other than the date of filing: |
| recor I is fil | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th led. |
| ated | |
| | Signature of a member or authorized representative of a member |
| | Cignature of principles of annual representation of a manual |
| | ANGELA COFFONE CORANO Typed or printed name of signee |

Filing Fee: \$25.00