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2011 APR 11 MM D 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
APR 1 2 2041
EXAMINER

COVER LETTER

TO:

TO:	Registration S Division of Co				
SUBJECT: BELLAGAMBA REAL ESTATE LLC					
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
		JAVI	ER MARKOWICZ, ES	Q	
			Name of Person		
SERB		ER & ASSOCIATES, P.A.			
Firm/Company					
2875 NE 191 STREET, SUITE 801			E 801		
			Address		
	AVENTURA, FL 33180				d 2
			City/State and Zip Code		ALC: OH
		E-mail address: (1	SERBERLAWFIRM.C to be used for future annual report	t notification)	AH
For fur	ther information	concerning this matter, please c	all:	• .	2011 APR 11 AM D 10 SECRETARY OF STATE TALLAHASSEE, FLORIO
	Javier	Markowicz, Esq.	at (_305_)	932-6262	OF STAT
	Name	of Person	Area Code & I	Daytime Telephone Number	ATE A
Enclos	ed is a check for	the following amount:		,	
 √ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en		of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Division of C Clifton Build	Corporations		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BELLA (Name of the Limited) (A	GAMBA RE Liability Compai Florida Limited L	AL ESTATE L ny as it now appears liability Company)	LC on our records.)		
The Articles of Organization for this Limited Lia	were filed on	09/21/2009	and assigne	: d	
Florida document number L09000091	152				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here	Ī		٠
·	N/A				
The new name must be distinguishable and end with L.L.C."	the words "Limi	ted Liability Compan	y," the designation '	'LLC" or the abbre	viatio
Enter new principal offices address, if applica	ble:	N/A			
Principal office address MUST BE A STREET	(ADDRESS)			7≤ 23	
					1-0-4
				AS A	endante (septant
Enter new mailing address, if applicable:	SERBER & ASSOCIATES, P.AGZ -				
Muiling address MAY BE A POST OFFICE E	(<u>OX)</u>	2875 NE 191 S	STREET, SUITI	E 26 €	
		AVENTURA, F	L 33180	SX &	t
3. If amending the registered agent and/o			ır records, <u>enter</u>	the name of th	e nev
egistered agent and/or the new registered off	ice aggress nero				
Name of New Registered Agent:	JAVIER MA	RKOWICZ, ESC).		
New Registered Office Address:	2875 NE 191 STREET, SUITE 801				
	Enter Florida street address				
	A\	/ENTURA	, Florida	33180	
		City		Zip Code	
New Registered Agent's Signature, if changing R	egistered 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 A f, 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>	Address	Type of Action
MGR	Mariano S. Bellagamba	2875 NE 191 Street, Suite 801 Aventura, FL 33180	Add Remove
MGR	Fernando Bellagamba	2875 NE 191 Street, Suite 801 Aventura, FL 33180	✓ Add Remove
MGR	Gustavo Bellagamba	2875 NE 191 Street, Suite 801 Aventura, FL 33180	✓ Add Remove
MGR	Maria Arizcorreta	2875 NE 191 Street, Suite 801 Aventura, FL 33180	Add Remove
			Add Remove
			Add Add Remove
	ending any other information, enter o	change(s) here: (Attach additional sheets, if necessar	RPR 11 AM D 10 RETARY OF STATE AHASSEEL FLORIDA
_ Dated	APRIL 5	2011	
		ember or authorized representative of a member VIER MARKOWICZ, ESQ.	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00