L10000011480

(Requestor's Name)
(requester s realite)
~
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS

JUL 1 5. 2010

EXAMINER

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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	orporations					
SUBJECT:	DIBELLA	A CAPITAL, LLC				
Sobole 1.		ited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.				
	oondence concerning this matter	_				
Troube return air corresp	ondence concerning this matte.	to the following.				
	DILLON MUTO					
		Name of Person				
DIBELLA CAPITAL						
Firm/Company						
	PO BOX 941479					
		Address				
		MAITLAND, FL 32794	TO BE A STATE OF THE STATE OF T			
	dib	City/State and Zip Code	_			
	E-mail address: (ellacapital@gmail.cor to be used for future annual repo	ort notification)			
For further information	concerning this matter, please of	call:				
DI	LLON MUTO	at (_407_)	504-7085			
Name	of Person	Area Code &	Daytime Telephone Number			
Fundamed in a short for	Also Calles de la companya					
Enclosed is a check for	\$30.00 Filing Fee &	\$55.00 Filing Fee &	560 00 511-11 5-1			
V \$25.00 Fining Fee	Certificate of Status	Certified Copy (additional copy is er	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAII	LING ADDRESS:	STREET/C	OURIER ADDRESS:			
Regis	tration Section on of Corporations	Registration				
	Box 6327	Clifton Build				

2661 Executive Center Circle Tallahassee, FL 32301



July 2, 2010

DILLON MUTO P.O. BOX 941479 MAITLAND, FL 32794

SUBJECT: DIBELLA CAPITAL, LLC

Ref. Number: L10000016980

We have received your document for DIBELLA CAPITAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 710A00016297

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIBELLA CA (Name of the Limited Liability Compar (A Florida Limited L	PITAL, LLC y as it now appear iability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000016980</u> .	were filed on	02/15/2010	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	lity company her	e:		
DIBELLA CAPIT				
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compa	ny," the designation "	'LLC" or the abbreviation	
Enter new principal offices address, if applicable:	1127 KENWOOD AVENUE			
(Principal office address MUST BE A STREET ADDRESS)	WINTER PAR	RK, FL 32789		
Enter new mailing address, if applicable:	PO BOX 9414	179		
(Mailing address MAY BE A POST OFFICE BOX)	MAITLAND, FL 32794			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:			SECR.	
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent:	Ent City	er Florida street add	UL 14 PAGE FLOR	
			B _M Ω	

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

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:

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
	-		Add Remove
			Add Remove
			Add Remove
). If ameno	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
			_
_			_
Pated	JUNE 16	010 /	

Page 2 of 2

Filing Fee: \$25.00