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Ximena Belhagarry
Ph. 754-581-6014
1113 NE 89 ST MIAMI, F1 33138
Adding a Managing Member

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DCLCM BAILS 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:		
XINWA Bellagorry Name of Person		
Well Baits LLC		
1113 NE STID ST Address		
MIANTIFL 33138 City/State and Zip Code	,	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		;
X MENG Belliagarry at (154) 581 - WOLL Name of Person Area Code & Daytime Telephone Number	.	*1.
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & \$\ \text{S60.00 Filing Fee & Certificate of Status} \text{Certified Copy & Certificate of Certificate of Status} \text{Certified Copy is enclosed} \text{Certified Copy (additional copy is enclosed)} \te	of Status (Copy	

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

Deean Bails	1-1-C		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on ou ted Liability Company)	<u>r records.</u>)	
The Articles of Organization for this Limited Liability Completion document number 4000000000000000000000000000000000000	pany were filed on $\frac{677}{2}$	C+C and assigned	
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 "L.L.C."	Limited Liability Company," the	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u></u>	· -	
		(*) (*)	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ords, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		_, Florida	
	Ciţy	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

.

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Frank Ceptimas	1113 NE 87 57 50138	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, ente	r change(s) here: (Attach additional sheets, if neces	isary.)
_			
 Dated			
15.11Cu	Signature of a	member-or-authorized representative of a member	
	<u>séthag</u>	Of Rife VilleNA. Typed or printed name of signee	

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Filing Fee: \$25.00