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Certified Copies	_ Certificates of	f Status
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COVER LETTER

	vision of Cor			
SUBJECT:	Bellame, LI	.C		
SUBJECT.	·	Name of Limite	d Liability Company	
The enclose	d Articles of	Amendment and fee(s) are subm	itted for filing.	
Please retur	n all correspo	ndence concerning this matter to	the following:	
		Michelle A. Berglund-Harpe	r	
		Murphy & Berglund, PLLC	Name of Person	
		1101 Douglas Ave. Suite 100	Firm/Company 96	
		Altamonte Springs,FL 32714	Address	
		michelle@murphyberglund.co		
For further	information co	E-mail address: (to oncerning this matter, please call	be used for future annual report noti :	tication)
Michelle A	. Berglund-H:	irper	407 865-9553	
Name of Person			at () Area Code Daytim	e Telephone Number
4		e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	NG ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELLAME, LLC			
(Name of the Lim	ited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited I Florida document number £10000092839 This amendment is submitted to amend the fol	lowing:		and assigned
A. If amending name, enter the new name of	of the limited hability co	<u>mpany here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "ELC" or th	e 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 registered agent and/or the new registered of New Registered Agent: New Registered Office Address:	/or registered office ac	ddress on our records, end	SAY 22 PH SAY 22
	 Winter Park	, Florida	32792
	Cit	,i	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the propactions of the obligations of my position as registeng filed to merely reflect a change in the company has been notified in writing of this	per and complete perfor istered agent as provide registered office addres change.	mance of my duties, and La ed for in Chapter 605, F.S. G	m familiar with and Or, if this document is limited liability

Page 1 of 3

or removed	g Authorized Person(s) authoriz <u>l from our records</u> :		
MGR = X $AMBR = X$	danager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Michele Hundley		☐ Add
		1204 Baltimore Dr. Orlando, FL 32810	■ Remove
			Change
AMBR	Michele Hundley		Add
		1204 Baltimore Dr. Orlando, FL. 32810	■ Remove
			Change
			Add
			Remove
			☐ Change
			
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		- 1	7, 2019					
ective date, if other t l n effective date is listed, the			prior to date o	of filing or mor		o ptional) after filing		n to 695,0
<u>ite:</u> If the date inserted i cument's effective date o				tutory filing (equirements	, this date	will not	be listed
record specifies a c			t not an e	ffective tin	ne, at 12:0	01 a.m.	on the	e earlier
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Filing Fee: \$25.00