

L11 000043650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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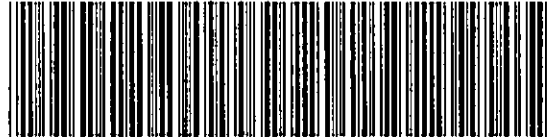
(Business Entity Name)

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DEPARTMENT OF STATE
DIVISION OF CORPORATION
ATLANTA, GEORGIA

2020 FEB -3 PM 2:55

FILED

FEB 29 2020

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BELLARIVE, 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:

SEAN CURRAN

Name of Person

Firm/Company

195 Arizona Ave NE unit 204

Address

Atlanta, GA 30307

City/State and Zip Code

seanroyalcurran@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEAN CURRAN

at (813) 293-1038

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MGR = Manager
AMBR = Authorized Member


AMBR = Authorized Member

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Dated January 29 2020



Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00