

L11000066208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

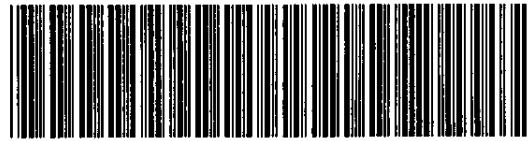
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

AUG -2 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 305 BELLA, 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:

VELIA M. ROMO
Name of Person

Firm/Company

9859 Tivoli Villa Dr
Address

ORLANDO FL 32829
City/State and Zip Code

marybell ROMO@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VELIA Marybell ROMO at (321) 438-6534
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED

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305 BELLA, LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/07/11 and assigned
Florida document number L11000066208

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CENTRAL FLORIDA ASSETS RESTORATION LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9860 OLD PATINA WAY
ORLANDO FL 32832

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9860 OLD PATINA WAY
ORLANDO FL 32832

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

VELIA ROMO

New Registered Office Address:

9859 TIVOLI VILLA DR

Enter Florida street address

ORLANDO

City

Florida

32829

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.

V. Waybell Romo

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:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HECTOR PACHECO	9859 Tivoli Villa Dr ORLANDO FL 32829	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	KARINA GONZALEZ	9860 OLIVIA WAY ORLANDO FL 32832	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated July 29, 2011

Signature of a member or authorized representative of a member

VEGA M. ROMO

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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