

LI 0000 93871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

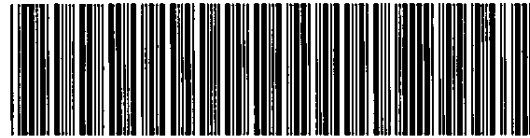
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BELFORTGLASS 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:

ALONSO HERRERA

Name of Person

BELFORTGLASS.COM LLC

Firm/Company

18625 SW 107TH AVE

Address

MIAMI, FL. 33157

City/State and Zip Code

alonso@fondoavila.com

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

For further information concerning this matter, please call:

ALONSO HERRERA

at (305) 794-5222

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

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TALLAHASSEE, FLORIDA

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR= Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

**Signature page for Manager Members and all Members of
Bellforglass LLC, approving the Amendmente to
the name of the company to be**

CARENZO LLC




CARMINE VALENTINI (Manager/Member)



ENZO MALATESTA SISTA, (Manager/Member)

THE ITALIAN IMAGE, INC.



BY ITS PRES. ADRIANA DI CAMPLI

DATE: OCTOBER 16, 2014

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

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