

# L110006 136 615

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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

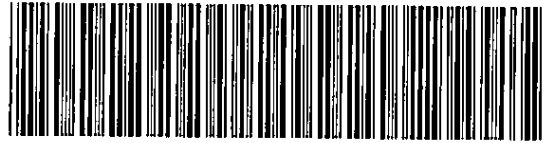
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(Document Number)

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19 AUG 19 PM 2:30  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*Amend*

AUG 28 2019

D CUSHING

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COVER LETTER DUE TO RETURNED CHECK**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CiAO Bella II, LLC  
Name of Limited Liability Company

19 AUG 19 PM 2:30  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William J PROVOST  
Name of Person

CiAO Bella II, LLC  
Firm/Company

2401 N.E. 26<sup>th</sup> Ave  
Address

Lighthouse Point, FL 33064  
City/State and Zip Code

William J PROVOST@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William J PROVOST at ( 954 ) 899-6343  
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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CIAO BELLA II, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
19 AUG 1 9 00 PM 2:30

The Articles of Organization for this Limited Liability Company were filed on 12/05/11 and assigned  
Florida document number L11000136615.

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 contain 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**)

2401 N.E. 26<sup>th</sup> Ave  
Lighthouse Point, FL 33064

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

2401 N.E. 26<sup>th</sup> Ave  
Lighthouse Point, FL 33064

**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:

William J. PROVOST

New Registered Office Address:

2401 N.E. 26<sup>th</sup> Ave

Enter Florida street address


Lighthouse Point - Florida 33064

City

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mm	Celentano, Vincent L JR	987 Hillsboro mile	<input type="checkbox"/> Add
		Hillsboro Beach, FL	<input checked="" type="checkbox"/> Remove
		33062	<input type="checkbox"/> Change
mm	Provost, William J	2401 N.E. 28 <sup>th</sup> Ave	<input checked="" type="checkbox"/> Add
		Lighthouse Point, FL	<input type="checkbox"/> Remove
		33064	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

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DUE TO RETURNED CHECK

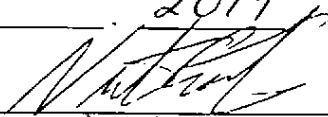
E. Effective date, if other than the date of filing: 8/8/19 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated August 8<sup>th</sup> 2019

  
Signature of a member or authorized representative of a member

Vincent L. Celentano

Typed or printed name of signee