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COVER LETTER .

Division of Corpor			
SUBJECT: BE	LLA GENTE L	-LC	
	Name of Limi	ted Liability Company	
The enclosed Articles of Am-	endment and fee(s) are subr	mitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	DANK	Name of Person	
		Name of Person	
	BELL	LA GENTE LLC	
•	·	LA GENTE LLC Firm/Company	·
	45	44 INGERSOL PL	_
		Address	
	1/ニル:	PART RIGHTH F	E1 24/61
	702.0	City/State and Zip Code	<u> </u>
_	dan	City/State and Zip Code Offa C205 6 GMA. To be used for future annual report notion	IL. COM
	E-mail address: (t	to be used for future annual report noti	fication)
For further information conc	erning this matter, please ca	all:	
DANNY FALC	CONE	at (727) <u>534-2</u> Area Code Daytim	2098
Name of Per	rson	Area Code Daytim	e Telephone Number
Enclosed is a check for the fo	ollowing 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

BELLA GENT	
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com	pany were filed on $\frac{4-19-12}{}$ and assigned
Florida document number <u>L12 000053136</u> .	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited</u>	liability company here:
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRES	(S)
	<u></u>
Enter new mailing address, if applicable:	D.
Mailing address MAY BE A POST OFFICE BOX)	202 Pe
manife address militable in the first bong	
B. If amending the registered agent and/or registere	ed office address on our records, enter the pame of the r
egistered agent and/or the new registered office address	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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

<u>Title</u>	Name	Address	Type of Action
AMBR.	EDWARD MORROW	3831 LANCASTER CT.	
		PALM HARBOR FL 34685	Remove
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effective date is listed te: If the date inser	er than the date of filing: _ i. the date must be specific and can ted in this block does not mee ate on the Department of Stat	nnot be prior to date of files the applicable statute	ing or more than 90 days at	ter filing.) Pu		
	a delayed effective dat er the record is filed.	e, but not an effe	ctive time, at 12:0:	1 a.m. on	the ea	rlier
ed	23-17-	· · ·				
	Signature of a mer	diane				
 	Signature of a then	nher or authorized repre-	entative of a member			

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Filing Fee: \$25.00