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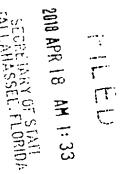
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COVER LETTER

то:	Registration Sect Division of Corpo			
CHD H	ECT:	BEL BOSTE	DN LLC	
SUBJI	ECT:	Name of Limi	ted Liability Company	- n.
The en	closed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please	return all correspond	dence concerning this matter t	o the following:	
		### BEL BOSTON LLC Name of Limited Liability Company #### Auticles of Amendment and fee(s) are submitted for filing. ####################################		
			AVENTURA FL 33180 City/State and Zip Code I p man, a @ gmail.com	
			Firm/Company	
		22	, ,	
		99	Address	57 #2616
		AVE	NTURA FL 3.	3180
		1;	City/State and Zip Code	ail.com
		E-mail address: (to	o be used for future annual report notif	ication)
For fur	ther information cor	ncerning this matter, please ca	II:	
	AROL LIP Name of I	OMAN Person	at (<u>718</u>) <u>75 7 -</u> Area Code Daytime	9375 : Telephone Number
Enclos	ed is a check for the	following amount:		
6) \$2	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

BEL BOSTOAJ (Name of the Limited Liability Comp	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	, ,	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<i>D</i> ₀ ≥ 20
(Principal office address MUST BE A STREET ADDRESS)		L APR
		BAPR 8 AM
Enter new mailing address, if applicable:	1212.00	OF AM
(Mailing address MAY BE A POST OFFICE BOX)		027
		<u> </u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Florid:	Xip Code
	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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGMR	LINDA ABRAMOV	3330 NE 190th St #26	<u>B</u> ⊡Xdd
		AVENTURA FL 33180	Remove
			Change
			Add
			Remove
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ffective date, if other than the date of an effective date is listed, the date must be spe	ecific and cannot b	e prior to date of f	ling or more than 90	days after filing.)	Pursuant to	605.0207
lote: If the date inserted in this block do ocument's effective date on the Departm			ory filing requiren	nents, this date	will not be	listed as
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e record specifies a delayed effe The 90th day after the record is	i filed.					ırlier o
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00