# 112000077677

| (Requestor's Name)  |  |
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| (Address)   |  |
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| PICK-UP WAIT MAIL   |  |
| (Business Entity Name)  |  |
| (Document Number)   |  |
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status |  |
| Special Instructions to Filing Officer:   |  |
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Office Use Only



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September 29, 2016

CIAO BELLA INVESTMENTS, LLC. PO BOX 693420 MIAMI, FL 33269 US

SUBJECT: CIAO BELLA INVESTMENTS, LLC.

Ref. Number: L12000077677

We have received your document for CIAO BELLA INVESTMENTS, LLC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The designation of the registered agent must be at a Florida street address.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather Regulatory Specialist III

Letter Number: 616A00020939

## **COVER LETTER**

| •                                      |  |   |   |
|--|--|---|---|
| TO: Registration Se<br>Division of Cor | porations                                    |   |   |
| SUBJECT:                               | ias Bella I                                  | Twestments, H   | e.  |
| SUBJECT:                               | Name of Lim                                  | ited Liability Company  |   |
|  |  |   |   |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please return all correspo             | ndence concerning this matter                | to the following:   |   |
|  | Thay   | Wilson  |   |
|  | . (  | Name of Person  |   |
|  |  | Firm/Company  |   |
|  |  |   | $\wedge$  |
|  | <u> </u>                                     | Stirling Rd # 4   | T   |
|  | Holly  | word, FC 33021  |   |
|  | $\sim$ $\sim$ 1                              | City/State and Zip Code   |   |
|  | JW/BOT                                       | 53@ hotmad . C<br>to be used for future annual report notifi        |   |
| For further information co             | oncerning this matter, please ca             | ·   |   |
| Thay h                                 | ikos   | 954 939 999   | 90  |
| Name of                                | Person                                       | Area Code Daytime   | Telephone Number  |
|  |  |   |   |
| Enclosed is a check for th             | e following amount:                          |   |   |
| S25.00 Filing Fee                      | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

# Ciao Bella Investments Lie

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

The Articles of Organization for this Limited Liability Company were filed on Florida document number 42000077677 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 designa Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address:

#### 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

Page 1 of 3

| If amending Authorized Person(s) auth | orized to manage, <u>ent</u> | <u>ter the title,</u> | name, and | address of each | ı person | being added |
|---------------------------------------|------------------------------|-----------------------|-----------|-----------------|----------|-------------|
| or removed from our records:          | ,                            |                       |           |                 |          |             |

| MGR = M $AMBR = A$ | lanager<br>uthorized Member |  |                |
|--------------------|-----------------------------|--|----------------|
| <u>Title</u>       | <u>Name</u>                 | Address                                    | Type of Action |
| mor                | Shay Wilson                 | 5650 Stirling Rd #4<br>Hollywood, FC 33021 | <b>Ⅲ</b> Add   |
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| ffective date, if other than an effective date is listed, the date lote: If the date inserted in the ocument's effective date on the conservation and other conservations and other conservations. | te must be specific ar<br>his block does not<br>the Department of | nd cannot be pr<br>meet the app<br>State's record | licable statutory<br>ds. | filing requiremen  | ys after filing.) Pu<br>ts, this date wil | l not be             | e listed a | as |
| e record specifies a dela<br>The 90th day after the  | record is filed   | uate, but f<br> .                                 | iot an errecti           | ve time, at 12     | .ui a.m. on                               | me e                 | earlier (  | U  |
| ated   |   | ,   |                          |                    |   |                      | డు         |    |
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|  | <u> </u>  |   |                          |                    | •   | 633                  | 23         | !  |
|  | Signature of a  | 1 member or an                                    | thorized remesens        | ative of a member  | •   | , , , , ,            |            |    |
|  | Signature.of-a  | a member or au                                    | thorized represent       | tarive of a member |   | 1.07<br>1.07<br>1.00 |            | į  |

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Filing Fee: \$25.00