

U12000109933

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15 OCT 14 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 15 2015
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BELLE HOMES 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:

DONALD SIMARD

Name of Person

BELLE HOMES LLC

Firm/Company

500 LAKE SHORE DRIVE

Address

HALLANDALE, FL 33009

City/State and Zip Code

amigosfs@comcast.net

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

For further information concerning this matter, please call:

DONALD SIMARD

754 244-1469
at ()

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

FILED
15 OCT 14 AM 11:30
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BELLE HOMES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/01/2012 and assigned
Florida document number L12000109933.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O AMIGOS FINANCIAL SERVICES
4005 W HALLANDALE BEACH BLVD
WEST PARK, FL 33023

FILED
15 OCT 14 11:08
CLERK OF STATE
TALLAHASSEE, FL

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:

DONALD SIMARD

New Registered Office Address:

6960 SW 16th Street

Enter Florida street address

Fort Lauderdale

City

, Florida

33317

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DONALD SIMARD	6960 SW 16TH ST	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 DEPARTMENT OF STATE
 OFFICE OF THE SECRETARY

FILED

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

ADDING MGR PARTNER, DONALD SIMARD AND SHARES DISTRIBUTION AS FOLLOWS:

DONALD SIMARD 50% AND LYNDA DELISIO 50%

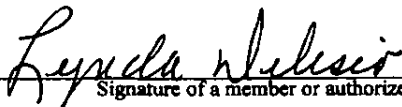
E. Effective date, if other than the date of filing: _____ (optional)

(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 31, 2015



Signature of a member or authorized representative of a member

LYNDA DELISIO

LYNDA DELISIO

Typed or printed name of signee

FILED
OCT 14 AM 11:38
SECRETARY OF STATE
TREASURY DIVISION