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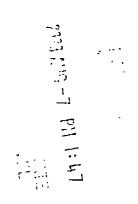
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COVER LETTER

TO:

TO: Registration S Division of Co			
BELLA FO	OX INVESTMENTS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JUAN REYES		
		Name of Person	
		Firm/Company	
	9113 BACHMAN RD		
		Address	
	ORLANDO, FL 32824		
		City/State and Zip Code	
	FLEET.GO2018@OUTLO		ر ، د ،
		to be used for future annual report notification)	
For further information	concerning this matter, please concerning	all:	1
KEYSHLA FIGUEROA		689 242.3518 at ()	
Name :	of Person	Area Code Daytime Telephone Nur	mber
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	00 Filing Fee, ificate of Status & ified Copy ional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Section	
Division of 0	Corporations	Division of Corporations	
P.O. Box 63. Tallahassee,		The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303	te 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELLA FOSS INVESTMENTS LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Co		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDR	ESS)	
•		- ;
		* 2
Enter new mailing address, if applicable:		. ,
(Mailing address MAY BE A POST OFFICE BOX)		
2		
	-	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter	the name of the new registere
Name of New Boristoned A		
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street address	
		rida
	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 addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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		ORLANDO, FL 32824	≣Remove
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