

L13000144611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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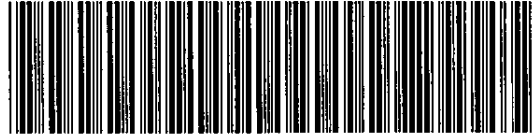
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 AUG 21 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan AUG 24 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BELLA FOSS INVESTMENTS, 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:

LUZ MONTOKA

Name of Person

ACCURATE TAX RETURNS & ACCOUNTING SVCS, INC

Firm/Company

1028 CHERRY VALLEY WAY

Address

ORLANDO, FL 32828

City/State and Zip Code

luz.accuratetax@gmail.com

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

For further information concerning this matter, please call:

Luz Montoya

407

985-2513

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

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

FILED

2015 AUG 21 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BELLA FOSS INVESTMENTS 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 OCTOBER 14, 2013 and assigned Florida document number L13000144611.

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:

9113 BACHMAN RD

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32824

Enter new mailing address, if applicable:

9113 BACHMAN RD

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32824

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:

JUAN CARLOS REYES

New Registered Office Address:

7601 MAJESTIC PINE CT

Enter Florida street address

ORLANDO

Florida

32819

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOHAN A. TORO	3400 S CRYSTAL LAKE DRIVE	<input type="checkbox"/> Add
		ORLANDO, FL 32806	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NANCY MOJICA ABRIL	7601 MAJESTIC PINE CT	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ARTICLE III(change)

ANY AND ALL LAWFULL BUSINESS

ARTICLE VII OWNERSHIP, VOTING POWER & PROFITS AND LOSSES PERCENTS(adding)

-JUAN C REYES: voting 50% of the ownership, 50% of the voting power and 50% of the profits and losses.

-NANCY MOJICA ABRIL:voting 50% of the ownership, 50% of the voting power and 50% of the profits

and losses.

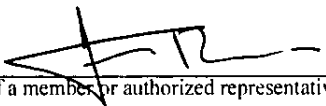
E. Effective date, if other than the date of filing: AUGUST 14, 2015 (optional)

(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 605.0202 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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 14, 2015


Signature of a member or authorized representative of a member

JUAN C. REYES

Typed or printed name of signee

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AUG 24 PM 12:16
DEPT. OF STATE
TALLAHASSEE, FLORIDA