L13000144611

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COVER LETTER

TO: Registration Division of C			
	FOSS INVESTMENTS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	JUAN REYES		
		Name of Person	
		Firm/Company	
	9113 BACHMAN RD		
		Address	
	ORLANDO, FL 32824		
	FI FET CO2019@OUT	City/State and Zip Code	
	FLEET.GO2018@OUTL E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
KEYSHLA FIGUERO	A	689 242.3518 at ()	• ;
Name	of Person		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 Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sectorial Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations Illahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 08/21/2015 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: (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: Enter Florida street 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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida __

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	Address	Type of Action
MGR	NANCY MOJICA	9113 BACHMAN RD	□Add
		ORLANDO, FL 32824	\equiv Remove
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Effective date, if other than th	e date of filing:	(optional)
If an effective date is listed, the date ma Note: If the date inserted in this h	ist be specific and cannot be prior to date of filing or more clock does not meet the applicable statutory filing it	e than 90 days after filing.) Pursuant to 605.0207 (
document's effective date on the I	Department of State's records.	requirements, this date will not be listed as t
e record specifies a delayed effecti rd is filed.	ve date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after the
	2023	
JULY 31 Dated		·
		•
Dated		

Typed or printed name of signee