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(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	? #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
	MAR 2 8 2014	}		
	A. LUNT			

Office Use Only



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THE ARM SERVE FOR STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: LO Fello VIL LCC 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:		
Taylor Victoria Mason. Name of Person		
Firm/Company		
1925 Calais Drive Apt 4	2014 MAR 21	7
Miami Blach FL 33141 City/State and Zip Code		
E-mail address: (to be used for fature annual report notification)	PH & L2	O
For further information concerning this matter, please call:	NO 100	
Torrio Muson at (954) 254 - 0097 Name of Person at (954) Daytime Telephone Number		
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee & Certified Copy (additional copy is enclosed)	e of Status &	

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

La Bella Vie,	UC
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number	mpany were filed on 1/22/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and end with the words Limi	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2014
(Principal office address MUST BE A STREET ADDRE	7., Water
	SSET T
Enter new mailing address, if applicable:	- CS NAI E
(Mailing address MAY BE A POST OFFICE BOX)	7.12
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
AMBR	Maria Centeno-Ayala	1925 Calais Dr	_ X Add	
		Apt 4	□ Remove	
		Miami Beach, Pl 33141		
AMBR	Maria Centeno	19as Calais Dr	□ Add	
		Apt 4	Remove	
		Miami Black, PC 33141		
			20RMAR	
	•	(本) (内) (内) (内) (円)	⊋ □ Remove	
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			7 -	
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			Remove	
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Page 3 of 3

Filing Fee: \$25.00