## L14000015933

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## · COVER LETTER

Div	ision of Corp	orations	•	
SUBJECT:	Belleview R	eal Estate, LLC		
	•	Name of Lim	ited Liability Company	
The enclosed	l Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Dawn Tottel		
			Name of Person	
		Belleview Real Estate, LLC	C	
Firm/Company				
		1623 SW 1st Ave.		
		· · · · · · · · · · · · · · · · · · ·	Address	
		Ocala, FL 34471		
			City/State and Zip Code	
		dtottel@aol.com		
		E-mail address: (1	to be used for future annual report notific	ation)
For further in	nformation co	ncerning this matter, please ca	all:	
Dawn Tottel			352 732-9844 at ()	
	Name of	Person	at () Area Code Daytime '	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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)

TO:

**Registration Section** 

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**

Belleview Real Estate, LLC		
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company	were filed on 1/29/2014	and assigned
Florida document number L14000015933		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	
Enter new principal offices address, if applicable:	1623 SW 1st Ave.	16 FAL
(Principal office address MUST BE A STREET ADDRESS)	Ocala, FL 34471	
		STO AR COLL
Enter new mailing address, if applicable:	1623 SW 1st Ave.	
Mailing address MAY BE A POST OFFICE BOX)	Ocala, FL 34471	39 ATE
		`i>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:		ords, enter the name of the
Navy Bagistavad Office Address		
New Registered Office Address:	Enter Florida street aa	idress
		, Florida
<del></del>	Citv	Zip Code

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 = M $AMBR = A$	= Manager R = Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			□ Change
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n effective date is listed, the date must be stee: If the date inserted in this block of	specific and cannot be p		ore than 90 days after fi	ling.) Pursuant to 605.02
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Filing Fee: \$25.00