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(F	Requestor's Name)
A)	(ddress)
A)	Address)
(0	City/State/Zip/Phone #)
(E	Business Entity Name)
(C	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:

**—** <del>.</del>

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# **COVER LETTER**

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TO: Registrati Division o					
	Glade O				
SUBJECT:		Name of Lim	ited Liability Company	· · · ·	
The enclosed Articl	es of Ai	nendment and fee(s) are sub	mitted for filing.		
Please return all cor	rrespond	ence concerning this matter	to the following:		
		Jayachandra Reddy			
			Name of Persor	1	
		Belle Glade One LEC			
		<u></u>	Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		3450 Windmill Ranch Rd.			
			Address	<u> </u>	
		Weston Florida 33331			
			City/State and Zip (	`ode	
		50thapts(@gmail.com			<u> </u>
For further informa	tion con	E-mail address: ( cerning this matter, please ca	to be used for future ar all:	inual report notific	(ation)
Jay Reddy			786	391-0569	
	ame of P	erson	at { Area Code	)Daytime	Telephone Number
Enclosed is a check	; for the	following amount:			
■ \$25.00 Filing F	`ee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Certified Cop radditional copy	<u>v</u> y	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D I'	legistrati Division LO, Box	G ADDRESS: fon Section of Corporations 6327 ce, FL 32314	Reg Divi Clifi 266	<b>EET/COURIE</b> istration Section ision of Corpora ton Building 1 Executive Cen ahassee, FL 323	tions ter Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 28, 2017

JAYACHANDRA REDDY 3450 WINDMILL RANCH RD WESTON, FL 33331

SUBJECT: BELLE GLADE ONE LLC Ref. Number: L14000074580

We have received your document for BELLE GLADE ONE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 917A00017678

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Belle	Glade	One	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 05/07/2014 \_\_\_\_\_\_ and assigned Florida document number L14000074580 \_\_\_\_\_\_.

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 "LLC."

#### Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:	ST.	1 1
(Mailing address MAY BE A POST OFFICE BOX)	* · N	<u>,</u>
	·····	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name-of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	/·	
	Enter Florida svect	l addi ess
		, Florida
	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

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t If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

### MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Maria Matilla	. <u></u>	O Add
		12255 SW 148th Terrace	🔤 🔲 Remove
			🗆 Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			□ C⊞ngc
			Remove
			Change

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

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		······································	
E. Effective date, if other than the (If an effective date is listed, the date mus <u>Note:</u> If the date inserted in this blo document's effective date on the De-	t be specific and cannot be prior to date of filin ock does not meet the applicable statutory	<b>(optional)</b> g or more than 90 days after tiling.) Pursuant to 605, z filing requirements, this date will not be liste	0207 (3)(b) d as the
If the record specifies a delayed (b) The 90th day after the rec		ive time, at 12:01 a.m. on the earlie	er of:
Dated September 19	2017		131000
Stu	m d hale	5 14	E I T(T)
	Signature of a member or authorized represer	itative of a member	•
Jayachandra Reddy		5 O	

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00