# 214000089357

. (	Requestor's Name)							
	Address)							
(	Address)							
	City/State/Zip/Phone #)							
PICK-UP	WAIT MAIL							
	Business Entity Name)							
(	(Document Number)							
Certified Copies	Certificates of Status							
Special Instructions	to Filing Officer:							

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SECRETARY OF STATE TALLMAHASSEE FLORID

APR 2 0 2017 S. YOUNG



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 10, 2017

Evanthia Hiotis BELENA PROPERTY MANAGEMENT LLC 4261 NW 66TH LANE BOCA RATON, FL 33496

SUBJECT: BELENA PROPERTY MANAGEMENT LLC

Ref. Number: L14000089357

We have received your document for BELENA PROPERTY MANAGEMENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 117A00006865

STORY OF THE SECOND OF T

## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:	Belen a Name of Lin	nited Liabilly Company	anagement -	LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	EV	anthia H	10/15	
	Bele	Name of Person  Poperty  Firm/Company	Management	LLC
	4261 NW 66	the lane Address		1 SECTION
·	Boca lato	n Flond City/State and Zip Code	a 33496	APR-7 PH 2: 37
·	Chio His	to be used for future annual report r	(OM	PH 2:
For further information co	oncerning this matter, please co	S at (5/6), 23	4-8000	<b>4</b> 5 m
Name of	Person	Area Code Day	time Telephone Number	
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	Sectificate of St	

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Belena	Pn	perty	Munagem	ent LCC	_
·	Limited Liabili	ty Company)	' . I		
The Articles of Organization for this Limited Liability Co	Company were _ <i>8935</i> 7	e filed on \( \)	ine 4,20	and assign	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ited liability	company here	<b>:</b>		
The new name must be distinguishable and contain the words "Limi	ited Liability Co	ompany," the desi	gnation "LLC" or the	abbreviation "L.L.C	
Enter new principal offices address, if applicable:	,	,	<b>.</b>		
(Principal office address MUST BE A STREET ADDR	(ESS)			=	A.C.
				A D R	到
·				1	SET
Enter new mailing address, if applicable:				- 2	mg/c
(Mailing address MAY BE A POST OFFICE BOX)		***		23	03
		. <u></u> -		<u>ယ</u> —	- 67.
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		address on o	ur records, <u>ente</u>	er the name of	the new
Name of New Registered Agent:	Evanti	hia H	iotis	· <u></u>	
New Registered Office Address:	4261	NW Entag Florida	66th Cane	<u>.                                    </u>	
	Boca !	<u>laton</u> City	, Florida _	3349 £	2

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>	Name	Address	Type of Action
M. GRM	Mane Hobis	4261 NW66+k Cane	Add
		Boca Raton, Florida.	□ Remove
		33496	Change
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fective date, if an effective date is ote: If the date ocument's effect	listed, the date n inserted in this	nust be specific block does n	and cannot b	applicable st	of filing or matutory filin	ore than 90 da g requiremen	(optional) ys after filing ats, this date	) Pursuant to 6 will not be li	05.02 sted :
record spec The 90th day	ifies a delay after the re	ed effectivecord is file	e date, b	ut not an e	effective t	ime, at 12	:01 a.m.	on the ear	lier
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Filing Fee: \$25.00