

LI40000 97772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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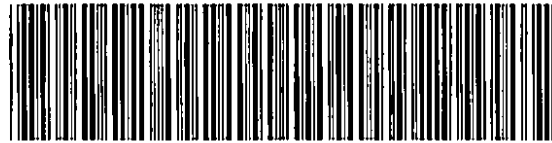
(Business Entity Name)

(Document Number)

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11/13/18--01039--003 **25.00

2018 NOV 13 PM 1:29

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11/28/18

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BELLAVITTA LLC
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:

OCTAVIO CARDOSO

Name of Person

NOTLYA HOLDINGS CORPORATION

Firm/Company

21301 POWERLINE RD SUITE 207

Address

BOCA RATON, FL 33433

City/State and Zip Code

CARDOSO@WESTCHESTERINTL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OCTAVIO CARDOSO 561 488 8048
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|--|--|--|--|

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**

BELLAVITTA LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on JUNE 18, 2014 and assigned
Florida document number 1.14000097772.

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

_____, 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

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------------------|---|--|
| MGR | AVELINO S AMARAL | AV. OTACILIO TOMANIK, 343, APTO. 241-B | <input type="checkbox"/> Add |
| | | SAO PAULO, SP 05363--000 BR | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MGR | ROSANA A MOURA ABREU AMARAL | AV. OTACILIO TOMANIK, 343, APTO. 241-B | <input type="checkbox"/> Add |
| | | SAO PAULO, SP 05363--000 BR | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
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