# <u>L140000</u> 97854

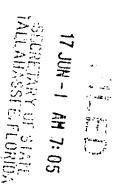
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	e #)
PICK-UP WAIT	MAIL
(Business Entity Nar	ne)
(Document Number)	
Certified Copies Certificates	s of Status
,	
	····
Special Instructions to Filing Officer:	
_	

Office Use Only



000299411840

06/01/17--01020--009 \*\*30.00



JUN 0 1 2017 J SHIVERS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Bella Collina Realty Services, 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:
Paul Simonson Name of Person
Bella Collina Firm/Company
15920 County Rd 455
Montverde FL 34756 City/State and Zip Code
PSimonson@Scharholdings.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mary Gervais at (407) 469-4980  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$ 30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, 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

_ Bella Collina	Realty Services, LLC
( <u>Name of the Limifed Liability</u> (A Florida L	Company as it now ambears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number	
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 contain the words "Limite	ed 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 ADDRE	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our records, enter the name of the new
Name of New Registered Agent:	JUN - ARCHARACTER - ARCHARACTE
New Registered Office Address:	
,	Enter Florida street address
	, Florida
	City Sip 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 = N $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGD	Matthew Howell Mat	hews	<b>=</b> Add
		15920 County Rd 4	55_□ Remove
	•	15920 County Rd 4 Montverde, FL 34	<b>7576</b> □ Change
			Add
			Remove
			□ Change
			Add
			☐ Remove
			Change
			Add
			Remove
		<del></del>	Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			□ Change

				<del> </del>		<del></del>
						<del></del>
			•			
	<del></del>			1		
·		<u> </u>			· · · · · · · · · · · · · · · · · · ·	<del></del>
						<del></del>
<del></del>						17
			<del></del>			<u>.</u>
					<u> </u>	
					<u> </u>	<del>3</del> [7
						3
						5
	<del></del>					·
-						
Sective date, if other t	than the date of filing:			(option:	al)	
an effective date is listed, th	e date must be specific and canr in this block does not meet	not be prior to date of	of filing or more than	90 days after fili	ing.) Pursua	nt to 605.020
	on the Department of State'					
			ffa aki sa kisasa s	st 12·01 s n	o on the	o parlier o
ocument's effective date	delayed effective date	hut not an a			i. Oil tile	carner c
ocument's effective date	delayed effective date the record is filed.	, but not an e	rrective time, a	at 12.01 a.II		
e record specifies a The 90th day after	the record is filed.		·		CSTATE	Company
ocument's effective date erecord specifies a			·		ESTATE HOLDING	Compan , s BP, co
e record specifies a The 90th day after	the record is filed.	Z017	Bella Colli B: DS IN B: PAVE	NA REAL ! VESIMENT E SIMONS	ESTATE HOLDING ON IMP	Compan ,3 BP, Ld amado n

Page 3 of 3

Filing Fee: \$25.00