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COVER LETTER

TO: Registration Section Division of Corpor								
OVER VEGTE.	Solubella Rentals LLC							
SUBJECT:	Name of Limited Liability Company							
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.							
Please return all corresponde	ence concerning this matter to the following:							
	Sebastian H. Pappalettera							
•	Name of Person							
	Firm/Company							
13899 Biscayne Blud. Ste 222								
	North Miami FL 33181 City/State and Zip Code Southflorida projects @hotmail.com E-mail address: (to be used for future annual report notification)							
	City/State and Zip Code							
-	South Florida projects (@holmal.com E-mail address: (to be used for future annual report notification)							
	erning this matter, please call:							
Sebastian H	rson Area Code Daytime Telephone Number							
Enclosed is a check for the fe	ollowing 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) 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

·	501.	bella Restals LCC	
(Name of the Limite	ed Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liz Florida document number	•	were filed on 7/14/14	and assigned
This amendment is submitted to amend the follo	wing:		5 5
A. If amending name, enter the new name of	the limited liab	ollity company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabi		_
Enter new principal offices address, if applica		13899 Biscayne Blud North Hiami Beach F	. Sle 222. L, 33181
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	13899 Biscayne Bld North Miami Beach F	Ste 222 L. 33181
B. If amending the registered agent and/or the new registered off	_		the name of the nev
Name of New Registered Agent:		astian H. Pappaletter	
New Registered Office Address:		Biscayne Blud. Suite Enter Florida street address	
	North	Hiami Beach, Florida_	33181 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 **Type of Action** Title Name **Address** 2645 NE 2074 ST. Anac Solutions LLC MGR Aventura FL 33180 Remove ☐ Change Schoostian H. Pappa lettera 13899 Biscayne Blvd ste 222 Add MGR North Hiami Beach FL 33180 ☐ Change □ Add ☐ Remove Change

Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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