

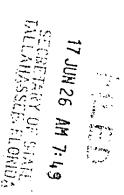
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JUN 2 9 2017 J SHIVERS

COVER LETTER

SUBJECT: BELA	MANAGE	1EW LLC. ed Liability Company	
	Name of Limite	ed Liability Company	
			9
The enclosed Articles of Ame	ndment and fee(s) are subm	nitted for filing.	
Please return all corresponden	ice concerning this matter to	the following:	
	JUAN M	. BETANCOUR	2+.
_		Name of Person	
_		Firm/Company	
_	5720 SW	1 8th St. Address N, Fl, 33317	
		Address	•
•	Plantatio	n. Fl. 33317	
_		City/State and Zip Code	-
	E-mail address: (to	be used for future annual report notificati	on)
For further information concer	rning this matter, please call	1:	
JUAN M. B	DETAN COURT	at (561) 827-3	7083
Enclosed is a check for the fol	lowing amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

ompany as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on 03/26/2014 and assigned Florida document number _ L 14000 133838. 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 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 hercby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = Ms $AMBR = At$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
Mgc.	Yasnaya Ruiz	5720 Swstn St Plantation, F1, 33317	Add
		Plantation, F1 33317	7 . □ Remove
			☐ Change
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Effective date, if other than the date of filing:	otional) fler filing.) Pursuant to 605.02 this date will not be listed
ne record specifies a delayed effective date, but not an effective time, at 12:0. The 90th day after the record is filed.	1 a.m. on the earlier
Dated 06 15 17.	
Signature of a member or authorized representative of a member	_
JUAN M. Betancourt	
\mathcal{L}_{1}	

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Filing Fee: \$25.00