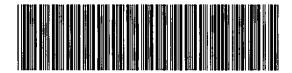
# L14000182396

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# # COVER LETTER

TO:

Registration Section 'Division of Corporations

**BELSIZE BUSINESS LLC** 

SUBJECT:

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:

# DIOGENES J. CASTILLO DURAN

Name of Person

BELSIZE BUSINESS LLC

Firm/Company

8532 NW 66 ST

Address

MIAMI, FL 33166

City/State and Zip Code

dcastilloduran@me.com

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

For further information concerning this matter, please call:

# Andres Hurtado

<sub>...</sub>305<sub>`</sub>42389

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following 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 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

FILED 2014 DEC -8 PN 12: 04

SECRETARY OF STATE TALLARASSEE, FLORIDA

## **BELSIZE BUSINESS LLC**

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

The Articles of Organization for this Limited Liability Florida document number <u>L14000182396</u>	Company were filed on	11/25/2014	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company	<u>/ here</u> :	
The new name must be distinguishable and end with the words "I	Limited Liability Company,"	the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		_	
(Principal office address MUST BE A STREET ADD	ORESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad  Name of New Registered Agent:		on our records, enter th	e name of the new
New Registered Office Address:			
	Enter l	Florida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Register	<del></del>		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete performance agent as provided for i red office address, I he	of my duties, and I am fan in Chapter 605, F.S. Or, if	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action <u>Title</u> Name **Address** 8532 NW 66 ST MGR SANCHEZ RAMOS, YANILSA D \_□ Add MIAMI, FL 33166 ■ Remove □ Add ☐ Remove □ Add ☐ Remove \_ 🗆 Add ☐ Remove ☐ Add ☐ Remove \_\_ Add

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effective date must be specific, cannot be prior to d date this document is filed by the Florida Department of Movember 11	late of receipt or filed date and cannot ent of State)  , 2014  a member or authorized representa	ot be more than 90 days after

Page 3 of 3

