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(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
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(Do	cument Number)	
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### **COVER LETTER**

	egistration' Sec ivision of Corp			
		IEW ENTERPRISES LLC		
SUBJECT	``	Name of Limi	ited Liability Company	
The enclos	ed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspon	dence concerning this matter	to the following:	
		SANG N. HARRIS		
			Name of Person	
		SANG N. HARRIS, CPA,	P.A	
			Firm/Company	<del>-</del>
		800 N. FERNCREEK AVI	E. #16	
			Address	
		ORLANDO, FL 32803		
			City/State and Zip Code	<del></del>
		SANGHARRIS@AOL.CO	M to be used for future annual report notific	cation)
For further	information co	ncerning this matter, please ca	·	
SANG N.	HARRIS		407 895-6036 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for the	e 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:

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



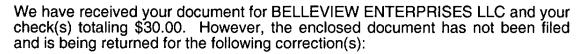
#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 14, 2016

SANG N HARRIS SANG N HARRIS, CPA, PA 800 N FERNCREEK AVE #16 ORLANDO, FL 32803

SUBJECT: BELLEVIEW ENTERPRISES LLC

Ref. Number: L14000182671



The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 216A00014717

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TALL AHASSEE TO STATE

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELLEVIEW ENTERPRISES LI	LC		
( <u>Name of the Lim</u>	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Particles of Organization for this Date Particles of Organization for this Date Particles of Organization for this Date Particles of Organization for the Orga	Liability Company were filed on 11/2	26/2014	_ and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appl	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)	Zσ	*****
			∑ kezzana '
		<b>美</b> 島	70
		95	0 mm
inter new mailing address, if applicable:		3 / 3	
Mailing address MAY BE A POST OFFICI	<u></u>	71.0	
		<u> </u>	
		ر حر	. ·
3. If amending the registered agent and egistered agent and/or the new registered agent.  Name of New Registered Agent:		our records, enter the	e name of the
rame of from registered (sgettl.	2447 10 1100 1 0015		
New Registered Office Address:	2447 US HWY 1 SOUTH		
	ST AUGUSTINE	ida street address, Florida 32086	;

#### 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>	Type of Action
MGR	GREG L. SOWDER	5275 RED BRANCH LANE	Add
		WINTER PARK, FL 32792	■ Remove
			Change
MGR	EDWARD VALQUETTE	2447 US HWY I SOUTH	■ Add
		ST AUGUSTINE, FL 32086	Remove
			☐ Change
<del></del>			Add
			☐ Remove
			Change
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			Remove  SEP Change  Change  AHAS FET LORD  Remove
			□ Change

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ctive date, if other the	nan the date of fi date must be specific	ling: and cannot be prior to date of	filing or more than 90 days	optional) after filing.) Pursuant to 605.0
e: If the date inserted in	n this block does n	ot meet the applicable statu	itory filing requirements,	, this date will not be listed
iment's effective date o	on the Department	of State's records.		
ecord specifies a d ne 90th day after t	lelayed effectiv	re date, but not an eff ed.	ective time, at 12:0	it a.m. on the earlie
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Filing Fee: \$25.00