

L14-000184251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

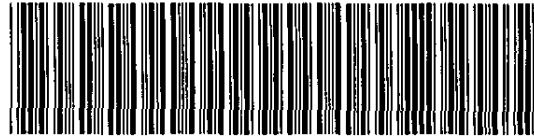
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800262985568

L14-184251

Amend

FILED
15 JAN 14 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 16 2015

N. CAUSSEUX



Wells Fargo Business Online®

View Check Copy

Check Number	Date Posted	Check Amount	Account Number
1007	01/15/15	\$25.00	BCS Operating Acct XXXXXX7942

1007

BIRD CAGE SERVICES LTD
2000 Park Avenue, CTE 9
Fort Myers, FL 33901
239-935-9599

Walt Disney World, P.O.
Walt Disney World
300-777-0001

1/12/2016

Pay TO THE ORDER OF Florida Department of State \$25.00

Twenty-Five and 00/100

Florida Department of State
Registration Section, Division of Corp
Citizen Building
2691 Executive Center Circle
Tallahassee, FL 32301

WFOC Change for Bird Cage Services 14000114251

[Signature]
WILLIAMS W L 2 INC

001007 006307513W005557942

[illegible]

Equal Housing Lender

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BELLA CASA 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:

IVELISE AYALA

Name of Person

BELLA CASA SERVICES

Firm/Company

3056 PALM AVENUE, SUITE 3

Address

FORT MYERS, FLORIDA 33901

City/State and Zip Code

IVELISE@BELLACASASERVICES.COM

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

For further information concerning this matter, please call:

IVELISE AYALA

at (**239**)

600-7290

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

Bella Casa Services LLC
3056 Palm Avenue, STE 3
Ft Myers, Florida 33901
239-600-7290 off 239-600-7608 fax

To: Nanette Fax: 850-245-6036
From: Bella Casa Services LLC Date: January 16, 2015
Re: _____ Pages: incl. cover 10
CC: _____

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle



RECEIVED
15 JAN 16 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

From the desk of:
Thomas J. Senatore
(239) 223-8130 cell
(239) 600-7290 ext. 13
(239) 600-7608 fax

Fort Myers, FL 33901
239-600-7290

VERBODEN TOEGANG

63-751/831

1/12/2015

PAY
TO THE
ORDER OF

Florida Department of State

\$ **25.00

Twenty-Five and 00/100

DOLLARS

Florida Department of State
Registration Section, Division of Corp
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MEMO

Change for Bella Casa Services L14000184251


AUTHORIZED SIGNATURE

⑈001007⑈ ⑆06310751313035257942⑈

Bella Casa Services LLC

1007

Florida Department of State

1/12/2015

amended annual report, L14000184251

25.00

Wells Fargo Bank Change for Bella Casa Services L14000184251

25.00

Bella Casa Services LLC

1007

Florida Department of State

1/12/2015

amended annual report, L14000184251

25.00

Wells Fargo Bank Change for Bella Casa Services L14000184251

25.00

 DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 12-02-2014

Employer Identification Number:
47-2433349

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at:
1-800-829-4933

BELLA CASA SERVICES
THOMAS JAMES SENATORE SOLE MBR
3056 PALM AVE STE 3
FORT MYERS, FL 33901

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-2433349. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is BELL. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

**TO
ARTICLES OF ORGANIZATION
OF**

BELLA CASA SERVICES, 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 Company were filed on DECEMBER 08, 2014 and assigned Florida document number L14000184251.

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 end with 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)

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15 JAN 14 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

IVELISE AYALA

New Registered Office Address:

3056 Palm Ave

Enter Florida street address

Ft Myers

City

Florida

33901

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.

(Signature)
Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

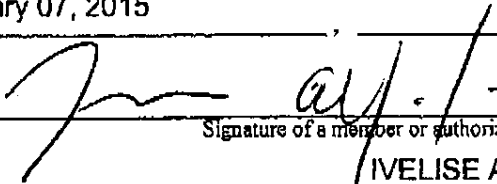
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Claire Bancala & Assoc	3056 Palm Ave, Ste 3, Ft Myers, FL	☒ Add
			☐ Remove
MGR	Thomas Senatore	3056 Palm Ave, Ste 3, Ft Myers, FL	☐ Add
			☒ Remove
MGR	Tony Eckhardt	3056 Palm Ave, Ste 3, Ft Myers, FL	☒ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
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			☐ Remove

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15 JAN 14 PM 1:01
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 07, 2015



Signature of a member or authorized representative of a member

IVELISE AYALA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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15 JAN 14 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA