

L15000173493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

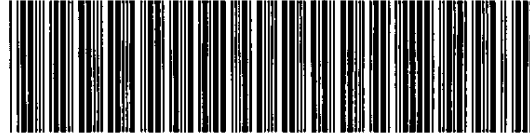
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DIVISION OF CORPORATIONS  
16 SEP 27 PM 1:20

SEP 29 2016  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Bellavy 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:

Frederico Ohashi Hida  
\_\_\_\_\_  
Name of Person

Bellavy LLC  
\_\_\_\_\_  
Firm/Company

8400 NW 36th St #450  
\_\_\_\_\_  
Address

Doral, FL 33166  
\_\_\_\_\_  
City/State and Zip Code

f.hida@bellavyms.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frederico Ohashi Hida                      954                      348 5453  
\_\_\_\_\_  
Name of Person                      at (                      )                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2016 SEP 27 PM 1:13

TALLAHASSEE, FLORIDA

August 29, 2016

FREDERICO OHASHI HIDA  
8400 NW 36TH ST #450  
DORAL, FL 33166

SUBJECT: BELLAVY, LLC.  
Ref. Number: L15000173493

We have received your document for BELLAVY, LLC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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: 316A00018358

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DIVISION OF CORPORATIONS  
16 SEP 27 PM 1:20

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Bellavy 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 10/12/2015 and assigned  
Florida document number L15000173493.

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)**

8400 NW 36th Street Suite 450

Doral, FL 33166

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

8400 NW 36th Street Suite 450

Doral, FL 33166

**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

*City*

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Frederico Ohashi Hida	8400 NW 36th Street Suite 450	<input type="checkbox"/> Add
		Doral, FL 33166	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Vanessa Cristina Valeretto Hida	8400 NW 36th Street Suite 450	<input type="checkbox"/> Add
		Doral, FL 33166	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Frederico Hida Ohashi	8400 NW 36th Street Suite 450	<input checked="" type="checkbox"/> Add
		Doral, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated SEPTEMBER 22<sup>ND</sup>, 2016.

Endre Wilson

Signature of a member or authorized representative of a member

Frederico Chasmi Hida  
Typed or printed name of signee

Typed or printed name of signee

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DIVISION OF CONCORDANCE  
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