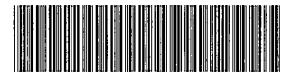
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COVER LETTER

TO:

Registration Section

Division of Co	rporations				
IBEL GRO	OUP LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
		_			
r tease return an correspo	ondence concerning this matter	to the following:			
	CHACON, IRIS				
		Name of Person			
	IBEL GROUP LLC				
		Firm/Company			
	601 MARKET ST NUME	ER 470383			
		Address			
	Celebration, Florida 3474	7			
		City/State and Zip Code			
	chatvpr@gmail.com				
	E-mail address:	to be used for future annual report no	tification)		
For further information of	oncerning this matter, please c	all:			
Iris Chacon		407 881-7412			
Name o	Person	at () Area Code Daytin	me Telephone Number		
Enclosed is a check for the	ne 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 Addres	s:	Street Address:			
Registration S	Section	· · · · · · · · · · · · · · · · · · ·	Registration Section		
Division of C			Division of Corporations		
P.O. Box 632		The Centre of			
Tallahassee, I	TL 32314	2415 N. Monro	be Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEL GROUP LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/17/2015	and assigned
Florida document number L15000209440		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2020
Inter new mailing address, if applicable:		9 [
Mailing address MAY BE A POST OFFICE BOX)		7 0
	100 110 110 110 110 110 110 110 110 110	
		27
 If amending the registered agent and/or registered office ac gent and/or the new registered office address here; 	ddress on our records, <u>enter the r</u>	name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	ismer r torida street address	
	, Florida	Zin Code
	LHV	7171 ((VIA

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>	Address	Type of Action
MGR	Junno Faria	601 MARKET ST NUMBER 470383	
		Celebration, FL 34747	□Remove
			
			□Add
		·	□Remove
			☐ Change
			2021Add
			Remove
			=
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ffective date, if other than the can effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the Department.	be specific and cannot be prior to dat ck does not meet the applicable:	(opti te of filing or more than 90 days after statutory filing requirements, thi	ional) r filing.) Pursuant to 605.02 is date will not be listed a
record specifies a delayed effective I is filed.	date, but not an effective time, a	at 12:01 a.m. on the earlier of: (§	o) The 90th day after th
ated December 2	, 2020	_	
	In Wacm		

Filing Fee: \$25.00