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SECRETARY OF STATE
ANASSEE, FLORIDA

COVER LETTER

TO:	Registration Se Division of Con				
SUBJE	BELLECO	NOMIC MANAGEMENT GR	OUP, LLC		
	· · ·	Name of Lin	ited Liability Company		
		Amendment and fee(s) are sub	_		
		DEBBIE EISENBERG			
			Name of Person		
		PORGES & EISENBERG	CPA LLC		
		4-0	Firm/Company		
		1880 N CONGRESS AVE	, SUITE 215		
			Address		16 17
		BOYNTON BEACH, FL	33426		ΕĠ
			City/State and Zip Code		AUG -
		DEISENBERG@DPORGE			SEC F
For first	ser information o	E-mail nooress: (concerning this matter, please c	to be used for future annual report no	onesitot)	
		concerning this matter, preuse e			ATE RIDA
DEBRII	E EISENBERG	of Person	561 737-5568 at ()	me Telephone Number	
			.2		
Enclosed	d is a check for t	he following amount:			
≅ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
	Regist Divisio	ING ADDRESS: ration Section on of Corporations lox 6327	STREET/COUR Registration Sect Division of Corpo Clifton Building		

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

, -	Ciţy	Zip Code
	1	Florida
New Registered Office Address:	Enter Florida street addi	ress
Name of New Registered Agent:		Control of the Contro
registered agent and/or the new registered office ac	ddress here:	26 TE NDA
B. If amending the registered agent and/or reg		rds, enter the name of the ne
(Mailing address MAY BE A POST OFFICE BOX)	# 64	ASSE TE
Enter new mailing address, if applicable:		SECRET
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new principal offices address, if applicable:	PPP Care Assessment Control of Co	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the li	imited liability company here:	
This amendment is submitted to amend the following:	;	
Florida document number L16000010336	,	
The Articles of Organization for this Limited Liability		and assigned
(A Flor	bility Company as it now appears on our receirds Limited Liability Company)	<u>0rdş.</u>)
BELLECONOMIC MANAGEMENT GR		

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
AMBR	GIOVANINA PELAGALLI	9150 CHIANTI COURT	= Add
		BOYNTON BEACH, FL 33426	□ Remove
			Change
			Add
			□ Remove
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un deuts Miller des Australies des Austres		,	SECRETARY Remove
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an effective date is	listed, the date must	be specific and	d cannot be p	rior to date of	filing or more	than 90 days	after filing	.) Pursuant	to 605.0)20
	nserted in this blove date on the De				itory filing i	equirements	, this date	will not	se listed	1 8 !
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The 90th day	after the reco	rd is filed.	•							
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Page 3 of 3

Filing Fee: \$25.00