116000054648

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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March 8, 2018

YOMARI AYALA 9145 NARCOOSSEE RD STE 106 #147 ORLANDO, FL 32827

SUBJECT: YOMARI AYALA LLC Ref. Number: L16000054648

We have received your document for YOMARI AYALA LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corproation, but your entity is a Florida LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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

Octavia L Simmons Regulatory Specialist II

Letter Number: 918A00004694

OUR MAR 30 AM II: 04
DEPARTMENT OF STATE
TALL A HASSEE, FLORESTER

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: <u>Jo</u>	Mori Ayolo Name of Limite	d Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	nce concerning this matter to	the following:	
	Yomari	Ayala .	
		Name of Person	
		Firm/Company	
	13538 VIII	loge Park Suite	(160
	Orlando	City/State and Zip Code gmail-600 be used for future annual report notification	
-	yoayala e	be used for future annual report notification	on)
For further information conce			
Name of Pe	Ayola	at (407) 484-60 Area Code Daytime Tele	ephone Number
Enclosed is a check for the for	ollowing 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 Fec, 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yomari Auda	LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed onand assigned	
Florida document number <u>L160000 54648</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Casa Bella Real Esta The new name must be distinguishable and contain the words "Limited Liabili	te Croup LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company, the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	13538 VIllage Park Dr	_
(Principal office address MUST BE A STREET ADDRESS)	Suite 160	_
	Orlando, 71 32837	
Transcon and the state of the little	17579 1711 - P-41 N-	
Enter new mailing address, if applicable:	13538 VIllage Park Dr Suite 160	
(Mailing address MAY BE A POST OFFICE BOX)	<u>Suite 160</u>	_
	Orlando, TC 32935	_
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the	nev
registered agent and/or the new registered office address here		
Name of New Registered Agent:	N/8 3	······ '
N. B. (1000 11)	OR DE	
New Registered Office Address:	Enter Florida street address	_
•		
	, Florida	_
	Sily Cour	

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

AWIDK -	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		N/A	Add
		•	□ Remove
			□ Add
		t	□ Remove
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Effec	tive date, if other than the date of filing: 3/27/18 (optional)
(11 ណា ប	rective date is usion, the date infust be specific and cannot be prior to date of fitting of more trial to days after fitting,) i distant to doctors (
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	e 90th day after the record is filed.
	•
_	3/27/18
Dated	
Dated	7 ()
Dated	Jonesi Lupla
Dated	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00