## 116000114616

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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2017 AUG 30 PM 3: 47

K. SALY AUG 3 1 2017



August 17, 2017

MLL CONSULTING LUISA LANDRIANI 1071 NE 82ND TERR MIAMI, FL 33138

SUBJECT: BELLAMIA WESTFIELD, LLC

Ref. Number: L16000114616

We have received your document for BELLAMIA WESTFIELD, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 605, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

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.

Letter Number: 317A00016924

Karen A Saly Regulatory Specialist II

OITAUG 30 AM II: 89 SECTE WASEL FLORIDA

## **COVER LETTER**

	gistration Sec vision of Corp			
eun iret.		WESTFIELD LLC		
SUBJECT:		Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-	<del>-</del>	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		LUISA LANDRIANI		
			Name of Person	
		MLL CONSULTING		
			Firm/Company	
		1071 NE 82ND TERRACE	3	
			Address	
		MIAMI, FL 33138		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		LUISA@MLLCONSULTIN	NG.COM to be used for future annual report notific	ration)
For further	information co	oncerning this matter, please ca	·	
LUISA LA	NDRIANI		954 2427045	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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:

TO:

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

47	/ <u>~</u> .
2017 AUG 20	LED
2017 AUG 30	PH 3: 47

BELLAMIA WESTFIELD LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A)	Florida Cimited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on 6/14/2016	and assigned
Florida document number L16000114616		
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida stree	et address
		Florida
_	City	, Florida Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register	and complete performance of my du	ties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

. 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>	Type of Action
MGR	GIUSEPPE FRANCIA	244 Biscayne Blvd Apt.3602	
		Miami, FL 33132	■ Remove
			Change
MGR	GIORGIO PRESTIPINO	244 Biscayne Blvd Apt. 3602	
			■ Remove
			☐ Change
MGR	PGF ENTERPRISE LLC	244 Biscanye Blvd Apt. 3702	<b>■</b> Add
		Miami, FL 33132	☐ Remove
			Change
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fective date, if other than in effective date is listed, the date ote: If the date inserted in thi cument's effective date on th	s block does not meet the ap	plicable statutory filing	e than 90 days after filir requirements, this da	l) 1g.) Pursuant to 605.020 te will not be listed a
record specifies a dela The 90th day after the	yed effective date, but ecord is filed.	not an effective til	ne, at 12:01 a.m	. on the earlier o
Miami ited	8/9/201	7		
	/ P.			
	/ Jue/ I	authorized representative of	f a mamba-	<del></del> _

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00