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SECRETANDOF STATE TALL APASSEE, FLORIDA

J. HARRIS

### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: BEL	LELITE, LL	C	
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are submitted	_	
	KAISHA	CHUNG	
		Name of Person	
	BELL	ELITE, LLC	
		Firm/Company	
	15858	SW 141St Terrace	
		Address	
	MIAH	1I, FL 33196 City/State and Zip Code	
	Kaishach	IUNG OGMAIL.	
	E-mail address: (1	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
KAISHA C	HUNG	at ( <u>305</u> ) <u>338 - 5</u> Area Code Daytime	5340
Name of	f Person	Area Code Daytime	: 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

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

# BELLELITE, LLC

	,
(Name of the Limited Lial (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)
	y Company were filed on JUNE 27, 2016 and assigned
This amendment is submitted to amend the following	:
A. If amending name, enter the new name of the l	imited liability company here:
The new name must be distinguishable and contain the words "I	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 AD	DRESS)
	PI - Z
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	gistered office address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	Enter Florida street address
	, Florida

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	KAISHA CHUNG	15858 SW141StTerrace MIAMI, FL 33196	<b>▼</b> Add
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Note: If the o	te, if other than the late is listed, the date must date inserted in this blo effective date on the De	ock does not meet	t the applicable sta	of filing or more than stutory filing requi	(option 90 days after fil rements, this d	<b>al)</b> ing.) Pursuan ate will not	t to 605.0207 (3 be listed as th
	specifies a delayed day after the reco		a, but not an e	ffective time, a	at 12:01 a.r	n. on the	earlier of:
Dated	uly 20	Yanko	2016.	Q-		:-	
		Signature of a mem	aber or authorized re	presentative of a me	ember	<u> </u>	
	KAI	SHA CH	JUNG ped or printed name			SVIIV SVIIV SVIIV	3 T
		Ту	ped or printed name	of signee			;
			Page 3 of 3	_		E ORI	

Filing Fee: \$25.00