Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN :: BELLO ESTATE MANAGEMENT, LLC

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COVER LETTER

TO:	Registration Solvision of Cos			
SUR IEZ	BELLO E	STATE MANAGEMENT, LLC		
50.0000	↓1	STATE MANAGEMENT, LLC Name of Limi	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	rturn all correspo	ondence concerning this matter	to the following:	
		Cheyenne Moseley		
		***************************************	Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N Brand Blvd 11th Fl		
			Address	
		Glendale, CA 91203		
		Jose@bemfl.com	City/State and Zip Code	
		• •	o be used for future annual report notic	fication)
For furth	ner information o	concerning this matter, please ca	ılı;	
Cheyenr	ne Moseley		800 773-0888	
	Name (of Person	at () Area Code Daytim	e Telephone Number
Enclosed	l 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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist	ING ADDRESS:	STREET/COURI Registration Section	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To: Page 4 of 6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BELLO ESTATE MANAGEMENT, LLC	Total at it wall appearance are allegenerals to			
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L16000150204	were filed on	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	Itty Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	725 NE 36th Street Boca Raton, FL 33431			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
		20		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered o				
(Mailing address MAY BE A POST OFFICE BOX)				
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered o		nter the name of the		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered o		nter the name of the		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		nter the name of the		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		nter the name of the		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	<u>e</u> :	nter the name of the		

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

Title	Name	Address	Type of Action
AMBR	JOSE CARABALLO		
		6684 Boca Pines Trl Apt. D Boca Raton, FL 33433	■ Remove
			Change
AMBR	Jose Anibal Caraballo-Martinez	725 NE 36th Street Boca Raton, FL 33431	B Add
			☐ Remove
			Change
			Remove
			☐ Change
			
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change

Page 6 of 6			2020-12-11 11	:13:22 PST	LegalZoom.com, Ir	nc. From: Laura Ro
12/08/2020 D. If amen	8:22AM FAX 5 ding any other info	6 19907474 ermation, enter ch	Bello sange(s) here:	(Attach additional s	theets if necession)	6 0005/0009
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E. Effectiv	e date, if other that	n the date of filing	ļ:		(optional)	
(If an effect Note: T	rtive date is listed, the da f the date inserted in ti	te must be specific and his block does not n	cannot be prior to seet the applicab	date of filing or more that le statutory filine requ	an 90 days after filing.) Pur uirements, this date will	uant to 605.0207 (3); not be listed as the
	nt's effective date on					
			ate, but not	an effective time,	at 12:01 a.m. on t	he earlier of:
(b) The S	90th day after the	record is filed.				
	N. Cambridge		7 4 2 2			
Dated _	Decrembe	ro	2020	_•		
		1	fan-	/ num	_	
		Signature of a	member or author	zed representative of a r	nember	

Typed or printed name of signee

Jose Anibal Caraballo-Martinez

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Filing Fee: \$25.00