L16000154742

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D. BRUCE SEP 28 2016

COVER LETTER

TO: Registration Sec Division of Corp		
SUBJECT:	BELLV	/IEW LLC
SUBJECT:	Name of Lin	nited Liability Company
	Amendment and fee(s) are sub	
Please return all correspor	idence concerning this matter	to the following:
		MARIA M LLANO
		Name of Person
		Firm/Company
-	11716 SW 107TH LN	
		Address
		MIAMI, FL 33186 City/State and Zip Code
		mariamer500@gmail.com
P-12 - 12 - 12 - 12 - 12 - 12 - 12 - 12		to be used for future annual report notification)
	oncerning this matter, please c	
. Carlos Martinez & Associates Name of Person		at ()
Name of	reison	The state of the s
Enclosed is a check for the	e following amount:	
₩ \$25.00 Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 sec, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

germen - -

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELLVIEW LLC		1 F. 100
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	08/18/2016	and assigned
Florida document numberL16000154742		
This amendment is submitted to amend the following:		Committee of the Ben
A. If amending name, enter the new name of the limited liability company h	<u>iere</u> :	
BELVIEW LLC		
The new name must be distinguishable and contain the words "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 ADDRESS)	. , . –	
		4.00
THE MANUFACTURE OF A SECOND STATE OF THE SECOND SEC		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	A Committee of the second
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	n our records, <u>ent</u>	E the unive of the new
registered and/or the new registered office address here.		三年 名
Name of New Registered Agent:		S
New Registered Office Address:	.,	3 7
Enter Fla	orida street address	ariti W ∰ · W
City	, Florida :	Zin Coda

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 = M $AMBR = A$	lanager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
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			Remove
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E ffectiv i Han e ffec	e date, if other tive date is listed,	the date must be specific and cannot be prior to date of filing or more than 90 days after	t ional) er filing.)	Pursuan	t to 605.020
Note: If	the date inserte	d in this block does not meet the applicable statutory filing requirements, the on the Department of State's records.	nis date v	vill not	he listed a
dacumer	it y circuit and				
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