

L17 000058453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

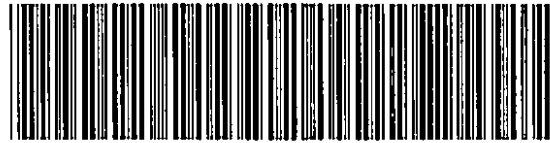
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100302153201

08/07/17--01017--008 \*\*25.00

17 AUG - 7 AM 7:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 08 2017

J SHIVERS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BELLA CRUZ CARRIER COMPANY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAUL CRUZ

Name of Person

BELLA CRUZ CARRIER COMPANY LLC

Firm/Company

4581 EAGLE KEY CIR

Address

NAPLES / FL / 34112

City/State and Zip Code

bellacruzcarriercompany@usa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raul Cruz

786

449-0937

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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**

BELLACRUZ CARRIER COMPANY LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/14/2017 and assigned  
Florida document number LI17000058453.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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:

4581 EAGLE KEY CIR

(Principal office address MUST BE A STREET ADDRESS)

NAPLES, FL. 34112

Enter new mailing address, if applicable:

4581 EAGLE KEY CIR

(Mailing address MAY BE A POST OFFICE BOX)

NAPLES, FL. 34112

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

**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

| <u>Title</u> | <u>Name</u> | <u>Address</u>                        | <u>Type of Action</u>                   |
|--------------|-------------|---------------------------------------|---|
| AMBR         | LESLY SILVA | 4581 EAGLE KEY CIR, NAPLES, FL, 34112 | <input checked="" type="checkbox"/> Add |
|              |             |                                       | <input type="checkbox"/> Remove         |
|              |             |                                       | <input type="checkbox"/> Change         |
|              |             |                                       | <input type="checkbox"/> Add            |
|              |             |                                       | <input type="checkbox"/> Remove         |
|              |             |                                       | <input type="checkbox"/> Change         |
|              |             |                                       | <input type="checkbox"/> Add            |
|              |             |                                       | <input type="checkbox"/> Remove         |
|              |             |                                       | <input type="checkbox"/> Change         |
|              |             |                                       | <input type="checkbox"/> Add            |
|              |             |                                       | <input type="checkbox"/> Remove         |
|              |             |                                       | <input type="checkbox"/> Change         |
|              |             |                                       | <input type="checkbox"/> Add            |
|              |             |                                       | <input type="checkbox"/> Remove         |
|              |             |                                       | <input type="checkbox"/> Change         |
|              |             |                                       | <input type="checkbox"/> Add            |
|              |             |                                       | <input type="checkbox"/> Remove         |
|              |             |                                       | <input type="checkbox"/> Change         |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

17 AUG - 7 AM 7:12  
SECOND PUBLIC STATE  
FALL ASSOCIATION

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 08/02/2017

Signature of a member or authorized representative of a member

HIGINIA VIDAL

Typed or printed name of signer