L17000128983

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COVER LETTER

Division of Co			
KELLY BI	ELLO SECAUR, LLC		•
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Kelly Bello		
		Name of Person	
	Kelly Bello Real Estate, LI	.C	
		Firm/Company	
	8033 Wandering Deer Cou	rt	
		Address	
	Jacksonville FL 32256		
	KellySellsJaxFL@gmail.com	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	11:	
Kelly Bello		904 874-4749	
Name c	of Person	at () Area Code Daytime	Felephone Number
Enclosed 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 tadditional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KELLY BELLO SECAUR, LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company L17000128983 Florida document number	y 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 Kelly Bello Real Estate, LLC	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registe
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
	anging 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>	Type of Action
MGR	Kelly Lauren Bello	8033 Wandering Deer Court	
		Jacksonville FL 32256	🗆 Add
		Jacksonville FL 32256	□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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fective date, if other th	han the date of fili	no:		(optional)	
on effective date is listed, the ote: If the date inserted in ocument's effective date of	date must be specific a n this block does not	nd cannot be prior to meet the applicab	date of filing or more the	an 90 days after filing.) P	ursuant to 605,0207 II not be listed as t
ecord specifies a delayed is filed.	effective date, but no	ot an effective tim	e, at 12:01 a.m. on the	e earlier of: (b) The S	Oth day after the
nted OCTOBER	4	. 2021			
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	$\exists 1, \dots, 1 \geq 2$	und I			
	Signature of	a member or author	zed representative of a r	nember	<u></u>