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COVER LETTER

Division of Co			
SUBJECT:	selleuir Comp	liunce, LLC.	
	Name of Lim	ited Liability Company	
	L17000	25757	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Edger	20 OCUSIO Nume of Person	
	U	Name of Person	
	<u>Belleeir</u>	- Compliance	LLC.
		Firm/Company	
	2754 R	enata Or.	
		Address	
	<u>Bellevir</u>	BluAs, PL.	33110
	00.0	City/State and Zip Code	1 0000
	E-mail address: (r	to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
Gelgue	do Ocasio	at (727) 900 -	4900
Ngme o	of Person	Area Code Daytim	e Telephone 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 (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

Belleuir Complic	ince, LLC.
(Name of the Limited Liability Company as (A Florida Limited Liability	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability Co	
	npany, the designation "LEC 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:	THE SECTION TO
(Mailing address MAY BE A POST OFFICE BOX)	ن المراجعة
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	address on our records, enter the name of the new
Name of New Registered Agent: GUGURG	lo Ocesio
New Registered Office Address: 2+54 \	Lenuta DR.
Bellevir Bl	Enter Florida street address UAAS Florida 33770 Zip Code
Non-Dagistanad Agant's Signature if shanning Dagistand Agant.	

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

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Title MBR MBR	Edguedo Ocasio	2754 Penata Dr. Bellevir Bluss, Fr. 33770	Add
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If an effective dat Note: If the da	, if other than the e is listed, the date mu te inserted in this b ective date on the D	ist be specific and lock does not r	d cannot be prior neet the applic	to date of filing of able statutory f	20 \Q or more than 90 da lling requiremen	optional) ys after filing its, this date	.) Pursuant to 605 will not be liste	i.0207 ed as
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Filing Fee: \$25.00