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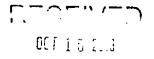
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
	_	
Special Instructions to	Filing Officer:	
		:
		

Office Use Only

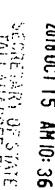


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COVER LETTER

SUBJECT:	Bello Constr	ruction LLC			
30000011		Name of Limit	ed Liability Company	· -	
The enclosed	I Articles of A	amendment and fee(s) are subm	titted for filing.		
Please return	all correspon	dence concerning this matter to	o the following:		
		Enrique Bello			
			Name of Person		
		Bello Construction LLC			
Firm/Company					
		14121 Leaning Pine Drive			
			Address		
		Miami Lakes FL 33014			
			City/State and Zip Code		
		e.e.bello513@gmail.com			
		E-mail address: (to	be used for future annual r	report notification	on)
For further in	nformation co	ncerning this matter, please cal	l:		
Enrique Bel	lo		305 305 at ()	5-4464	
	Name of	Person	Area Code	Daytime Tele	phone Number
Enclosed is a	check for the	e following amount:			
□ \$25.00 F	filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

FILED

2018 OCT 15 AM 10: 36

Bello Construction LLC

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

	2	(13/2019	_
The Articles of Organization for this Limited Liability Compa	ny were filed on $\frac{2i}{2}$	13/2018	and assign
Florida document number 1.18000039554			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the	designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	
		N	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		 	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		n our records, <u>enter tl</u>	ie name of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	··· <u></u>
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a 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 be or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of A
MGR Enrique Bello	Enrique Bello	14121 Leaning Pine Drive	
		A4''1-1	Add
		Miami Lakes FL 33014	□ Remov
			□ Change
			Add
			□ Remove
			☐ Change
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
			Add
			□ Remove
			□ Change

•	
	
Note:	tive date, if other than the date of filing:
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	·
	Hilda M. Bello Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Hilda M. Bello Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00