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SECRETARY OF STATE ALLAHASSEE, FLORING

APPROVED AND FILED

14/19

COVER LETTER

TO: Registration S Division of Co			·
	struction LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Enrique E Bello		
		Name of Person	
	Bello Construction LLC		
		Firm/Company	
	14121 Leaning Pine Drive		
		Address	
	Miami Lakes, FL 33014		
	e.e.bello513@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report n	otification)
For further information	concerning this matter, please co	all:	
Enrique E Bello		305 305-4464 at ()	
Name	of Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for	the following amount:		
₩ \$25.00 Filing Fee	☐ \$30.00 Fiting Fee & Certificate of Status	□ \$55.00 Fiting 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

Bello Construction, LLC

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

(AT)	iorida Enimed Elabrity Company)	
The Articles of Organization for this Limited Liabili Florida document number L18000039554		and assigned
This amendment is submitted to amend the followin	ng:	
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" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AL	DDRESS)	- -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	ý	
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida street address	
	Flori	da
-	City	Zin 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>	Address	Type of Action
MGR	Daniel Ruiz	14121 Leaning Pine Drive Miami Lakes, FL 33014	
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applica		
document's effective date on the Department of State's records.	and and any many requirements, this date with the	e nated as the
f the record specifies a delayed effective date, but not b) The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the ϵ	earlier of:
12/13/2018		
Dated 12/13/2018 ERelly		
Elect 4 Signature of a member of author	rized representative of a member	-
Enrique B. Typed or printed	ello d name of signee	_

Page 3 of 3

Filing Fee: \$25.00