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Certified Copies	_ Certificates	of Status
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COVER LETTER

SUBJECT:	BellA . Name of Limite	Diamante LLC	
The enclosed Articles of Ame	endment and fee(s) are subm	itted for filing.	
Please return all corresponder	nce concerning this matter to	the following:	
-	Jeri (Name of Person	
-	Bella D	Firm/Company	Group LLC
	P.O.	Box 331	
-	Lint	hicum MD 2 City/State and Zip Code	1090
_	E-mail address: (to	Cheathan Q yo	hoc. Connotification)
For further information conce	erning this matter, please cal	1:	
Jeri Che Name of Per	son	at (<u>ZO(</u>) <u>77 (</u> Area Code Da	ytime Telephone Number
Enclosed is a check for the fo	Howing amount:		
□ \$25.00 Filing Fee □	330.00 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

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

TO ARTICLES OF ORGANIZATION OF

Bella	Diamante LC	_
(<u>Name of the Limited L</u> (A l	iability Company as it now appears on e forida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabil		prucing 16,2018 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Rella Diamond The new name must be distinguishable and contain the words	Music (-2000)	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our address here:	records, enter the name of the r
Name of New Registered Agent:	 	- Δ
New Registered Office Address:	Enter Florida st	reet 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 to 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Remove
			Change
			Add
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If an effo Note:	re date, if other than the date of filing:
ne rec The	ord 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 ₋	August 5th 2019.
	Signature of a member or authorized representative of a member
	Jeri (heathan
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00