## 118000044466

stor's Name)	
(Requestor's Name)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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## **COVER LETTER**

	Registration Se Division of Cor			
etib ie <i>c</i>		U GROUP LLC		
SUBJEC	T:		ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		RITA CHANFRAU		
			Name of Person	
		BELLEFRAU GROUP LL	С	
			Firm/Company	
		7 ROYAL PALM POINTE	E, 1W	
			Address	
		VERO BEACH, FL 32960		
			City/State and Zip Code	
		FRAURCH@YAHOO.COM		
		E-mail address: (1	to be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please ca	all:	
RITA CI	HANFRAU		772 617-2256	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	ne following amount:		
\$25.0	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:

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 TQ ARTICLES OF ORGANIZATION OF

BELLFRAU GROUP LLC		
(Name of the Limited) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	1
The Articles of Organization for this Limited Liab	ility Company were filed on 2/19/18	and assigned
Florida document number L18000044466	·	
his amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
BELLEFRAU GROUP LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
Principal office address MUST BE A STREET A		
	<del></del>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	2X)	
	<del></del>	<del></del>
3. If amending the registered agent and/or	registered office address on our records	enter the name of the n
egistered agent and/or the new registered office		M-K
Name of New Registered Agent:		- 16 (T
Traine of thew Registered Figure.		
New Registered Office Address:		<u> </u>
	Enter Florida street address	
_	, Flori	
	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 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 antending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Change
			Add
			☐ Remove
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(If an ef	ive date, if other than the date of filing:  fective date is listed, the date must be specific and cannot be prior to date of filing or more than  If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.		
	cord specifies a delayed effective date, but not an effective time, as 90th day after the record is filed.	at 12:01 a.m. on the ea	rlier o
Dated	FEBRUARY 23 2018		

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Filing Fee: \$25.00