1/8000052722

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/Otate/2iph Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Sign
Office Use Only



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K. SALY MAY -1 2018

Riverfront Cruises & Anticipation Yacht Charters LLC

330 Himmarshee Rd, Suite 110. Fort Lauderdale FL 33301 Phone: 954 314-8699

Division of Corporations

P.O Box 6327

Tallahassee, FL

32314

Dear Sir/Madam,

Please find enclosed check as requested for the amount of \$55.00

As requested our address is:

Riverfront Cruises & Anticipation Yacht Charters LLC

330 Himmarshee Road

Suite 110

Fort Lauderdate

FI

33301

Phone Number: 954 314 8699

Kind Regards,

Jenna Caldwell

Office Manager

Rivertront Cruises & Anticipation Contract Agreement



COVER LETTER

TO: Registrati Division o	on Section Corporations						
	ACA LLC						
SUBJECT:Name of Limited Liability Company							
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.						
Please return all con	respondence concerning this matter to the following:						
	JACOB FINKELSHTEYN						
	Name of Person						
	THE FINKELSHTEYN GROUP PA						
	Firm/Company						
	134 S Dixie Hwy, Suite 201						
	Address						
	Hallandale Beach, FL 33009						
	City/State and Zip Code						
	Jacob@tfgcpa.com						
	E-mail address: (to be used for future annual report notification)						
For further informa	ion concerning this matter, please call:						
JACOB FINKELS	ATEYN 305 931-9212 at () Daytime Telephone Number						
N	nme of Person Area Code Daytime Telephone Number						
Enclosed is a check	for the following amount:						
■ \$25.00 Filing F	ce						

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

TO APR 27 AM 11: 31

BELLACA LLC

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

New Registered Agent's Signature, if changing I				
		City	, Florida	Zip Code
New Registered Office Address: 330 SW 2ND STREET #110 FORT LAUDERDALE, FL 33312 Enter Florida street address			33312	
Name of New Registered Agent:	JAMES CAMPBELL			
B. If amending the registered agent and/ registered agent and/or the new registered of	-	e address on o	ur records, <u>enter</u>	the name of the ne
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
Enter new mailing address, if applicable:		/a		
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>			
Enter new principal offices address, if applic	abie:	/a		
, and the second		. ompany, * the desi /a	gnation "LLC or the a	obreviation "L.L.C.
n/a The new name must be distinguishable and contain the w	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 94 1 1	·	1 (1)
A. If amending name, enter the new name of	f the limited liability	company here	;	
This amendment is submitted to amend the following	owing:			
Florida document number L18000052722	•			
The Articles of Organization for this Limited L	iability Company we	re filed on	1/2018	and assigned
		03:0	1/2010	"OA

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

Page 1 of B

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 = N AMBR = A	Aanager Authorized Member	Address Address				
<u>Title</u>	<u>Name</u>	Address	TALL AMASSEE FLOOR STATE			
			Add			
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	Victorial Control of the Control of					
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(If an effi Note:	ive date, if other than the date of filing:
	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	04/03/2018
Duted	
	Signature of a member or authorized representative of a member
	DMITRY KULKOV, MGR
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00



April 18, 2018

THE FINKELSHTEYN GROUP PA JACOB FINKELSHTEYN 134 S DIXIE HWY, STE. 201 HALLANDALE BEACH, FL 33009

SUBJECT: BELLACA LLC Ref. Number: L18000052722

We have received your document for BELLACA LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 918A00007936

MISSION OF CORPORATE TALLAHASSEE, FLORE