Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ARSENAULT & REARDON

Account Number : 075350000225 : (727)584-1199 Phone Fax Number : (727)586-1071

**Enter the email address for this business entity to be used for <u>future</u> annual report mailings. Enter only one email address please.

Email Address: Steve. Kling. RE @tampabay. Yr. CUI

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BELL REALTY, LLC

| Certificate of Status | 0 |
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Fax:7275861071

Apr 10 2018 09:58am

COVER LETTER

| TO: | Registration Section Division of Corporations | |
|-----------------|--|--|
| SUBJE | Bell Realty, LCC. | |
| JOBSE | Name of Limited Liability Company | |
| The enc | closed Articles of Amendment and fee(s) are submitted for filing. | |
| Please r | return all correspondence concerning this matter to the following: | |
| | Name of Person | |
| | Arsenavit Law Offices Firm/Company | |
| | 19535 Gulf Blvd., Ste. E | |
| | Indian Shures, FL 33785 City/State and Zip Code | |
| | E-mail address: (to be used for future annual report notification) | |
| For fur | ther information concerning this matter, please call: | |
| | Name of Person at (813) 956 · 0530 Area Code Daytime Telephone Number | |
| Enclos | sed is a check for the following amount: | |
| 15 € \$2 | 5.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ 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
Tallahessee, FL 32301

:

Fax: 7275861071

Apr 10 2018 09:58am

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| (Name of the Limited Liability Compan (A Florida Limited D | y as it now appears on our records.) |
|---|---|
| The Articles of Organization for this Limited Liability Company of Florida document number <u>L1800081174</u> | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | lity company here |
| The new name must be distinguishable and contain the words "Limited Liabili | ry Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 8 0 E |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | fice address on our records, enter the name of the new |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street 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 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 3

MGR = Manager

AMBR = Authorized Member

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Type of Action Address <u>Title</u> Name 16350 Brice B. Downs Blvd, #4885 NAdd Steven Kling MGR ☐ Remove □ Add ☐ Remove □ Change Change ☐ Remove □ Change □ Add ☐ Remove □ Change \Box \land dd□ Remove □ Change

P005/005

Arsenault Law

Fax:7275861071

Apr 10 2018 09:59am

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| ffective date, if other than the lan effective date is listed, the date must late: If the date inserted in this blo locument's effective date on the De | ck does not meet the applicable | care or ministration made many your | _ (optional) ays after filing.) Pursuant to 505.0. nts, this date will not be listed |
| e record specifies a delayed The 90th day after the reco | effective date, but not a rd is filed. | an effective time, at 13 | 2:01 a.m. on the earlier |
| rated April CI | 3κ | | |
| " , | ignature of a member or authoriz | f. | |
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Page 3 of 3

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