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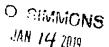
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COVER LETTER

то:		ation Sec a of Corp					
SUBJEC	Bel	lla Strada	LLC				
SOBJEC	LI:	Name of Limited Liability Company					
The encl	losed Art	icles of A	mendment and fee(s) are sub-	mitted for filing.			
Please re	eturn all	correspon	dence concerning this matter	to the following:			
			Diana Simone				
				Name of Person			
				Firm/Company			
			724 Ixora Avenueq				
			Ellenton, FL 34222	Address			
			dsimonestout@yahoo.com	City/State and Zip Code			
			E-mail address: (to be used for future annual report notifi	cation)		
For furth	ner infori	nation co	ncerning this matter, please ca	all:			
James L	.a Manna			at () 487-3653 Area Code Daytime			
		Name of	Person	Area Code Daytime	Telephone Number		
Enclosed	d is a che	ck for the	following amount:				
■ \$ 25.	.00 Filing	z 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 TO ARTICLES OF ORGANIZATION OF

1122 15th Street West LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/14/2018 and assigned Florida document number __L18000147163 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bella Strada LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida __

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
			□ Add
			☐ Remove
			☐ Change
			
			☐ Remove
			☐ Change
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			Remove
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			Channe

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