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SECRETARY OF STATE
FALLAHASSEE PLOPINA

COVER LETTER

	istration Sec ision of Corp			
SUBJECT:		Bella Dio	r (C cited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	dence concerning this matter	to the following:	
		Raymond	Faroudi Name of Person	
		Bella	Diot CC Firm/Company	****
		75/2 Dr.	Phillips Bu	L.vD <u>St</u> e 50-940
		Orlando	City/State and Zip Code 3 @ GMail. Co to be used for future annual report notif	
		RM Faro 3. E-mail address: (6	3 @ GMail. Co	ication)
For further in	nformation co	ncerning this matter, please ca	ill:	
Ray	Mon d Name of	Farondi	at (<u>94/</u>) <u>735</u> Area Code Daytime	7 - 9843 e Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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:

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

Bella Dior	LLC			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on of Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Compan Florida document number 47000 147704.	y were filed on 6/	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia Bellation The new name must be distinguishable and contain the words "Limited Liab		(NS SPace between Bella		
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)		TELLED BY SEE FLOW		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on out ere:	records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida si	rvet address		
	. Florida			
	City	Zip Coxle		

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Add
			□ Remove
			☐ Change
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			ORIO P Add
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reffective date is listed te: If the date insert		fic and cannot be price not meet the appli	cable statutory filing		ional) π filing.) Pursuant to 605. is date will not be liste	
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			norized representative	of a member		

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Filing Fee: \$25.00