## L18000187192

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

BELLA'S SUBJECT:	LOGISTICTS LLC	<u> </u>				
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	oondence concerning this matter	to the following:				
	PEDRO L DIAZ					
		Name of Person				
	BELLA'S LOGISTICTS	LLC				
	<del></del>	Firm/Company				
	5299 DENVER AVE					
	** **	Address				
	SPRINGHILL, FL 34608	3				
	PD2005BL@GMAIL.CO	City/State and Zip Code M				
	E-mail address: (	to be used for future annual report noti	fication)			
For further information	concerning this matter, please c	all:				
PEDRO L DIAZ		352 428-3980				
Name	of Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for	the following amount:					
■ \$25.00 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)			
Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n rations			

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## BELLA'S LOGISTICTS LLC

(A Flori	ida Limited Liability Company)	war records.			
The Articles of Organization for this Limited Liability	Company were filed on 08/6/2	ond assigned			
Florida document number L18000187192	<del>.</del>				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	mited liability company here:				
BELLA'S LOGISTICS LLC					
The new name must be distinguishable and contain the words "Li	imited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADL	ORESS)				
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	<u>s z</u>			
(Mailing address MAY BE A POST OFFICE BOX)					
		5000			
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	fistered office address on ou ldress here:				
		STA 9.4			
Name of New Registered Agent:		2			
New Registered Office Address:	Enter Florida s	treet address			
	YSL and dis				
	City	, Florida Zip Code			
New Registered Agent's Signature, if changing Register	red Agent:				
I hereby accept the appointment as registered agen		icity. 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 being filed to merely reflect a change in the registe					
company has been notified in writing of this change		ngam ma me amaca naouny			

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>	Name	Address	Type of Action
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			Change
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(If an effe	ctive date is lis	ted, the date must erted in this blo	be specific an	d cannot be prior	r to date of filir	ng or more than	90 days after fil	ing.) Pursuant	to 605.0207
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Dated	AUGUST /13			2018					
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