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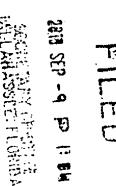
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations	•	
aud in or	BELLA IN	VESTMENTS OF TAMPA, L	LC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		JOANNETAYLOR		
		BELLA INVESTMENTS	Name of Person OF TAMPA, LLC	
			Firm/Company	
		3953 ARLINGTON DRIV	• •	
		PALM HARBOR, FL 346	Address 85	
		JOANNETAYLOR5@AOI	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For further in	nformation c	oncerning this matter, please ca	all:	
JOANNETA	AYLOR		727 741-0592 at ()	
	Name o	f Person		ne Telephone Number
Enclosed is a	check for the	he following amount:		
■ \$25.00 h	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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 3	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

BELLA INVESTMENTS OF TAMPA, LLC

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

	FERRUARY.	CHAIRAN OF STATE
The Articles of Organization for this Limited Liability Company w	vere filed on Take Tital	and assigned
Florida document number L19000035415		
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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)		···
B. If amending the registered agent and/or registered offi		ords, 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 ad	ldress
		, 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being adde</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JOANNE TAYLOR	3953 ARLINGTON DRIVE	
		PALM HARBOR, FL 34685	
			□ Remove
			Change
			□ Add
			☐ Remove
			LI Kentove
			☐ Change
			Remove
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			☐ Remove
			LJ Relikive
			☐ Change
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			Change
			Add
			☐ Remove
			☐ Change

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(If an ef 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	<u>09/05</u> , 20:19
	Signature of a member or authorized representative of a member
	JOANNE TAYLOR Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00