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SECRULARY OF STATE

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	istration Secti ision of Corpo			4	
: cum rece	BELLE FAN	M AYITI, LLC			•
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed	Articles of A	mendiment and fee(s) are sub-	mitted for filing.		
Please return	all correspond	lence concerning this matter	to the following:		
		LOUIS C. SENAT, ESQ.			
-			Name of Person		
		MCDONALD SENAT LA	W, PLLC		
			Firm/Company	-	
		840 SW 81ST AVENUE.	SUITE 400-20		
			Address		
		NORTH LAUDERDALE,	FL 33027		
			City/State and Zip C	ode	
		NBER90@GMAIL.COM; S	STEPHALCIMET@6 to be used for future an		
				nuat report nouncaut	30.)
For further in	nformation con	eerning this matter, please ca	ıll;		
LOUIS C. S	ENAT, ESQ.		954 at (507-6146, EXT.	3
	Name of F	Person	Area Code	Daytime Tele	ephone Number
Enclosed is a	check for the	following amount:			
≡ \$25.00 F		☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing l Certified Cop (additional copy	у	Sectificate of Status & Certified Copy (additional copy is enclosed)
<u>Mai</u>	iling Address:		Stree	et Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEL FANM AYITI, LLC			
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on $\frac{\text{FEB}}{\cdot}$	RUARY 11, 2019	_ and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name of	of the limited liability company her	2:	
A LA BELLE V/E, LLC			
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	icable		
		_	
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		 -
		ຜາ	20
		TAE AE	7 00 1202
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>	<u> </u>	<u> </u>
		\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	<u>* m</u>
		En Ti	™ □
B. If amending the registered agent and/or		ords, enter the name o	of the new regis
agent and/or the new registered office addr	ess here:	וֹדוּ	9
			•
Name of New Registered Agent:	LOUIS C. SENAT, ESQ.		
New Registered Office Address:	840 SW 81ST AVENUE, SUITE 4	00-20	
11511 Registered Office Fiduless.	Enter Florid	a street address	
	NORTH LAUDERDALE	, Florida 3306	8
	City	1 - 201124	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, 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>	<u>Address</u>	Type of Action
MGR	STEPHANIE ALCIME	19550 NW 1ST COURT	≡ Add
		MIAMI, FL 33169	□Remove
			□Add
			□Remove
			□Change
			□Add
			Петоve
			□ Change
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Mocti	ve date, if other than the date of filing: (optional)
an effi <u>ote:</u>	ve date, if other than the date of filing:
record is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated_	9/24/2021
	Signature of a member or authorized representative of a member
	Nadege Charles Typed or printed name of signee