1190000 11958

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(8u	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	<u> </u>	





000338712450

01/09/20--01005--009 **25.00

2020 VIII - 8 FII 2: 10

R. WH!TE FEB 0 6 2020

COVER LETTER

Division of Cor	porations	, .	
La Bella Vi SUBJECT:	ta Property Group LLC		<u></u>
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Howard G. Leavins III		
		Name of Person	
	La Bella Vita Property Gr	roup LLC	
		Firm/Company	
	124 John King Road		
		Address	
	Crestview, FL 32539		
		City/State and Zip Code	
	howardleavins@gmail.com		
		to be used for future annual report notifi	ecation)
For further information c	oncerning this matter, please ca	111:	
Howard Leavins		850 7585367 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne 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)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

2020 J -8 P 1 2: 10

	-
ility Company as it now appears on our records da Limited Liability Company)	<u>r) </u>
Company were filed on 03/12/2019	and assigned
·	
mited liability company here:	
imited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
<u></u>	<u>-</u>
red office address on our records, enter	the name of the new regi
e:	
	-
Enter Florida street addres	
	orida
City	лір Соае
	mited liability company here: mited Liability Company," the designation "LLC" DRESS) red office address on our records, enter: Enter Florida street address

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
AMBR	MICHELLE LEAVINS	4621 Meadow Lake Dr.	□Add
		Crestview, FL. 32539	\equiv \eq
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
		 	□Remove
			Change
			Remove
		<u></u>	□Change
			DAdd
			□Remove
			Change
			□Remove
			□Change

	<u> </u>	<u> </u>		
			<u> </u>	
	 			
		-		·
		.		
		·····	-	
		. <u> </u>		
· — —				
			<u> </u>	
			·	
fective date, if other than the date must be a listed, the date must be a listed in this block the date inserted in this block that are a lister to be a lis	be specific and cannot be prior ck does not meet the applic	able statutory filing requ	(optional) n 90 days after filing.) Pursua irements, this date will no	ant to 605.020 of be listed a
ecord specifies a delayed effective is filed.	date, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
January 5th	2020			
- IS	/. **	_·		
~/ \/	signature of a member or author			

Filing Fee: \$25.00