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COVER LETTER

Division of	n Section Corporations		
	ella Properties LLC		
SUBJECT:	Name of Limited Liability Company		
The enclosed Article	s of Amendment and fee(s) are submitted for filing.		
Please return all cor	espondence concerning this matter to the following:		
	Joseph Rousseau		
	Name of Person PicaBella Properties LLC		
	Firm/Company 961 N Hwy A1A		
	Address Indialantic, FL, 32903		
	City/State and Zip Code drousseau2001@yahoo.com	19 (1 10 (1)	
	E-mail address: (to be used for future annual report notification)	平 是	-1 1
For further informat	on concerning this matter, please call:	23 Fg (
Dawn Rousseau	727 2823995	PE 의유	ري ا ا
N.	me of Person Area Code Daytime Telephone Number	2: 47	4 2 4 5
Enclosed is a check	for the following amount:	C	
■ \$25.00 Filing F	e □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status 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

PicaBella Properties LLC		
(<u>Name of the Limited Liability</u> (A Florida)	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 3/21/2019	and assigned
Florida document number L19000079764	_·'	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	:"]
		10
		를 있다. 등 보다
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		ن ب قو. - ننج ــــــــــــــــــــــــــــــــــ
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, <u>e</u> <u>ess here</u> :	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Floric	ia
	Ciĝ	$rap \in ouc$

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
MGR	Joseph Rousseau		
			Remove
		961 N Hwy A1A, Indialantic FL. 32903	
AMBR	Dawn Rousseau		
			🗖 Remove
		961 N Hwy A1A, Indialantic FL, 32903	🗎 Change
MGR	Dawn Rousseau	961 N Hwy A1A, Indialantic FL, 32903	= Add
			□ Remove
			Change
AMGR	Joseph Rousseau	961 N Hwy A1A, Indialantic FL, 32903	
			Remove
			□ Change
			Add
			PRemove
		·	☐ Change
			Remove
			Change

(optional) rior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 blicable statutory filing requirements, this date will not be listed as the
rds.
not an effective time, at 12:01 a.m. on the earlier of:

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00