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COVER LETTER

TO:

	tration Sec on of Corp			
BUBJECT:	Bello Mortg	age Capital LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return al	II correspor	ndence concerning this matter	to the following:	
		Jhonny Bello		
			Name of Person	
			Firm/Company	
		11143 NW 71 Terrace		
			Address	
		Doral FL 33178		
		j.bello@me.com	City/State and Zip Code	
For further infe	rmation co	ti-mail address: τ oncerning this matter, please co	to be used for future annual report n	offication)
Jhonny Bello		moething this initial, preuse of	305 4917929 at ()	
•	Name of	Person	Area Code Dayt	ime Telephone Number
Enclosed is a c	heck for the	e following amount:		
■ \$25.00 Fili	ng Pec	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address Stration S		<u>Street Address:</u> Registration S	Section
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee	
Talla	hassee, F	1. 52514	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bello Mortgage Capital LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/26/2019}{1}$ and assigned Florida document number L19000084091 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bello Mortgage Group LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 9 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, 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 address . Florida

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>	Name	Address	Type of Action
			🗆 Add
			Remove
			□Change
	-		
			□Remove
			Change
			□Add
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n effective o o <u>te:</u> If the	te, if other than the date of filing:	.0207 ed as
cument's e	ffective date on the Department of State's records.	
is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after	the
ted	07/29 . 2024.	
_	Supulure of a member or authorized representative of a member	
	Jhonny Bells	
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Filing Fee: \$25.00