## 119000103097

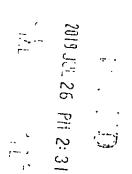
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

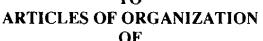
TO: Registration Section Division of Corpor			
SUBJECT: Le	Belle Vie,	LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of Am		<u>-</u>	
Please return all corresponde	ence concerning this matter t	o the following:	
	Karr	Taix Nume of Person	
		Name of Person	
		<u> </u>	
		Firm/Company	
	712 Re	dden Road	
		Address	
	Park	City/State and Zip Code	34098
	1.	City/State and Zip Code	
-	E-mail address: (to	taix a yahoo.	otification)
For further information conc	erning this matter, please ca	II:	
Karri T	CA · X:	at (310) 500 Area Code Dayt	- 8 7 0 0
		1.11	The receptione reality of
Enclosed is a check for the fo	ollowing 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:

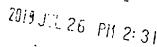
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF OPCANIZATION



Le Belle Vie LLC



( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000103097</u> .	were filed on April 15, 2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	<del></del>
L9 Belle Vie E The new name must be distinguishable and contain the words "Limited Liabil	Lity Company," the designation "L.L.C."
Enter new principal offices address, if applicable:	$n \mid q$
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n   a
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new $\underline{e}$ :
Name of New Registered Agent:	l u
New Registered Office Address:	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
	-A/A		□ Add
10/14	MA		
			□ Add
			□ Remove
			Change
			□ Remove
			Change
			□ ∧dd
			Remove
			Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		Add
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_	N/A
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Note: 1	re date, if other than the date of filing:  (optional)  ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated _	July 22 2019  Yawi 7aix  Signature of a member or authorized representative of a member
	Vaui Taix
•	Signature of a member or authorized representative of a member
	Karri Taix

Page 3 of 3

Filing Fee: \$25.00