(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

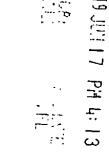
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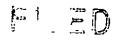


R. WHITE JUL 0 \$ 2019

COVER LETTER

TO:		ration Sec on of Corp							
CHRIC	er. E	BELL	CREST LL	С					
301341	Name of Limited Liability Company								
Dear Si	r or Mac	lam:							
The end	closed St	atement o	f Correction and fee(s) a	e submitted for filing					
Please r	eturn all	correspo	ndence concerning this m	atter to the following	:				
Ма	rcell	Mui	niz						
			Name of Person						
Bel	ICre	st Ll	_C						
			Firm/Company	··· - · · · · · · · · · · · · · · · · ·	•				
222	26 S	E G	and Dr						
			Address						
Por	t St	Luc	e, FL 3495	2					
		Cit	y/State and Zip Code						
tax	plac	epsl	@hotmail.c	om					
			be used for future annual						
For furt	her info	rmation co	oncerning this matter, ple	ase call:					
Marcell Muniz 954				868-8082					
		Name of	Person	Area Code	Daytime Felephone Number				
Registra Divisio Clifton 2661 E	ation Sec n of Cor Building xecutive	porations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclose	ed is a c	heck for t	he following amount:						
\$25 Filing Fee Solution Saluting Fee & Certificate of Status				\$55 Filing Fee Certified Copy	& S60 Filing Fee, Certificate of Status & Certified Copy				
CR2E0	62 (9/15)							

STATEMENT OF CORRECTION FOR



FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY 2015 JULI 17 PM 4: 13

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST:	The name of the limited	liability company is: BELLO	REST LLC ***				
SECON	<u>(D:</u> The Florida Do	cument number of the limited liab	ility company is: <u>L19000</u>	113424			
THIRD							
	(CHECK THE A	PPROPRIATE BOX AND COM	<u>1PLETE THE APPLICABLE S</u>	STATEMENT .			
Ø	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:						
	Name of MGR: Muniz, Macell						
	Corrected na	ame: Muniz, Marce	ell				
	Name of LLC: BELLCREST, LLC, it Should be BELCREST, LLC						
	<u>OR</u>						
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction as follows:						
			· · · · · · · · · · · · · · · · · · ·				
	OR The electronic transmiss	sion of the record was defective		5/12/19			
acceptin	re of new registered ages g the designation). gistered Agent's Signate	Authorized Representative nt, if applicable :(NOTE: if correct ne, if changing Registered Agent: as registered agent and agree to	ting the registered agent, the new				
provisio obligatio	ns of all statutes relative ons of my position as revented as revented in the registered change in the registered control of the control of t	as registered agent and agree to the proper and complete perfo eistered agent as provided for in C Loffice address. I hereby confirm	rmance of my duties, and I am fa hapter 605, F.S. Or, if this docun	miliar with and accept the ment is being filed to mer			
		Registered Age	ent's Signature				
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)				