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COVER LETTER

TO: Registration Section Division of Corporations

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BELSAIR & GLEN LLC

SUBJECT: _

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL T ABOU-JAOUDE

Name of Person Firm/Company P.O. BOX 454 Address LUTZ, FL 33548 City/State and Zip Code d306-1-14@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DANIEL T ABOU-JAOUDE 430-4804 727 _ at (_____) ____ Area Code Daytime Telephone Number Name of Person Enclosed is a check for the following amount: 🖬 \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. □ \$25.00 Filing Fee Certificate of Status Certified Copy 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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELSAIR & GLEN LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on	JULY 19, 2019	and assigned
Florida document number L19000186896		

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BELFAIR & GLEN LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ddress
	City	. Florida Zio Code

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, <u>enter the title, name, and address of each person being adde</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.



Page 3 of 3

Filing Fee: \$25.00