L19000219760

(Re	questor's Name)	
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COVER LETTER -

TO:	Registration Se Division of Cor				
(1118.11	Bellezapaln	ns, LLC			
SUBJI	ECT:	Name of Lim	ited Liability Company		
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Jeffrey Tabb			
			Name of Person		
		Bellezapalms, LLC			
			Firm/Company		
		103 Burning Pine CT			
			Address		ż
		Ponte Vedra Beach, FL 32	2082		19 00T 13
			City/State and Zip Code	.	
		coastalcande@gmail.com			5 65g
		E-mail address: (to be used for future annual report notif	ication)	글 필요
For fu	rther information co	oncerning this matter, please c	all:		INTERATION
Jeffre:	y Tabb		904 237-2711 at ()		9: 1,9
	Name of	f Person	Area Code Daytime	Telephone Number	57
Enclos	sed is a check for th	ne following amount:			
\$2	5.00 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 Sta Certified Copy (additional copy is e	ntus &

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

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Bellezapalms, 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 $\frac{8/28/19}{}$ and assigned Florida document number L19000219760 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 103 Burning Pine CT Enter new principal offices address, if applicable: Ponte Vedra Beach, FL 32082 (Principal office address MUST BE A STREET ADDRESS) 103 Burning Pine CT Enter new mailing address, if applicable: Ponte Vedra Beach, FL 32082 (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

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.

City

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
		 	☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change

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 	<u> </u>
Effective date, if other than the date of filing:	(optional)
If an effective date is listed, the date must be specific and cannot be prior to date Note: If the date inserted in this block does not meet the applicable's document's effective date on the Department of State's records.	
he record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of:
Dated	
1///	range entative of a manhor
Signature of a member or authorized	representative or a memoer

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00