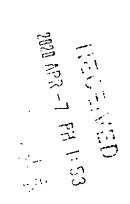
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

4/1/20

NAME:

BELE BUILDING & REMODELING L.L.C.

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	Registration Se Division of Cor				
0110.10.62	Bele Buildi	ing & Remodeling L.L.C.			
SUBJECT	r:	Name of Lim	ited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	ırn all correspo	indence concerning this matter	to the following:		
		Gabriela Arias			
			Name of Person		
		ZenBusiness PBC.			
			Firm/Company		
		702 San Antonio St. 4th F	702 San Antonio St. 4th Floor		
			Address		
		Austin, TX 78701			
			City/State and Zip Code		
		fulfillment@zenbusiness.co	om to be used for future annual report notification		
Car Carelan	- :- c			,	
Forturine	r intormation c	oncerning this matter, please ca	111:		
Gabriela Arias			512 237-7349 at ()		
*	Name o	f Person	Area Code Daytime Telepl	hone Number	
Enclosed i	s a check for th	ne following amount:			
■ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	<u>Tailing Addres</u> Legistration S		Street Address: Registration Section		
Division of Corporations		orporations	Division of Corporations		
	O. Box 632		The Centre of Tallaha		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bele Building & Remodeling L.L.C.		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	y Company were filed on 12-26-2019	and assigned
Florida document number L20000005024		
This amendment is submitted to amend the following	;:	
A. If amending name, enter the new name of the l	imited liability company here:	
Bele Handyman Services L.L.C.		
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	(DRESS)	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
The state of the s	-	<i>ा</i>
B. If amending the registered agent and/or registe	ered office address on our records, enter the	name of the new registares
agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	₩: ₩1
	, Floric	da
	City	Zip 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, 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
Na			□Add
			Remove
			□Change
		 	
			□Remove
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ective date, if other than the effective date is listed, the date must te: If the date inscrted in this bl	it be specific and cannot be				
ument's effective date on the D	epartment of State's rec	ords.			
record specifies a delayed he 90th day after the rec		t not an effec	tive time, at 12	::01 a.m. on th	e earlier d
March, 23rd	2020				
	Nicola Signature of a member or	Sauza			
	TO DESCRIPTION C	Juga			
	Signature of a member or	authorized represe	ntative of a member		

Page 3 of 3

Filing Fee: \$25.00