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Agent Wise Lealty (Recuestor's Name)
411 Apollo bean blad 5.600 (Address)
Apollo Beach Fl 33572
(Citv/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TO: Registration Section Division of Corporations
SUBJECT: LA BellaVita Sale and Property Management LLC 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:
James Liburdi Name of Person
Agentwise Realty Firm/Company
411 Apollo Beach Blvd, Suite 600
Apollo Beach FC 33572 City/State and Zip Code agentwise (culty & Smail. com E-thail address: (to be used for future alinual report notification)
E-mail address: (to be used for future almual report notification)
For further information concerning this matter, please call:
Tames Liberd: Name of Person at (\$13_) 380-5622 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee.

Mailing Address:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy

Certificate of Status &

(additional copy is enclosed)

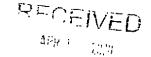
TO ARTICLES OF ORGANIZATION OF

LA Bellast.	Liability Company Florida Limited Li	4- Property	Management
The Articles of Organization for this Limited Lia Florida document number 120000	bility Company v	manney Company)	38/2020 年 報 assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	<u>he limited liabil</u>	ity company here:	AH 11: 25
The new name must be distinguishable and contain the wor	rds "Limited Liabilii	ty Company," the desig	nation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applical	ble:	411 Apol	lo Beach BLVD
(Principal office address MUST BE A STREET	(ADDRESS)	Suite	600
1		Apoil Be	24ch, FL 33577
Enter new mailing address, if applicable:		SA	ne as above
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		••
B. If amending the registered agent and/or regagent and/or the new registered office address		ddress on our reco	rds, enter the name of the new registered
Name of New Registered Agent:			<u> </u>
New Registered Office Address:	411 Apol	lo Beach 1	31vd, Suite 600
	Apollo	Beach	Florida 33577
		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



or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
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		Dover, FL 33527	
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