18/12/2020

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000432909 3)))



H200004329093ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

C.,

Division of Corporations

: (850)617-6383

From:

Account Name : MONAHAN MIJARES CPA PA

Account Number : I20050000157

Phone

: (305)407-1438

Fax Number

: (305)397-1003

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

| · | | • | | | _ | _ | _ | _ | |
|----|----|----|---|----|---|---|---|---|---|
| EM | aı | J. | A | ΟŪ | Г | e | 5 | 5 | : |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COMERCIAL BELLOSO, C.A. LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

DEC 2: 2020

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

| To: 18506176380 | Page: 3 of 6 | 2020-12-18 18:15:29 GMT | 13053971003 | From: Monahan Mijai | res CPA Mon | ahan Mijares Cf |
|---|---------------------------|---------------------------------------|--|---------------------|--------------------------------------|-----------------|
| the Control | | _COVI | ER LETTER | | | |
| • | , | 4 5 • | a , | • | | |
| TO: Registration of | n Section Corporations | | | | | X |
| : | ·nall priloca | <i>c</i> | 1, | | | - ` |
| SUBJECT: | ERCIAL BELLOSO, | | | 4) | | |
| | | Name of Limited Liab | ility Company | | | |
| The enclosed Article | es of Amendment and | fec(s) are submitted fe | or filing. | | | |
| Please return all con | respondence concern | ing this matter to the fo | llowing: | | | |
| | Roark R. M | onahan, CPA | | | | |
| | | N | ame of Person | | - | |
| | MONAHAI | N-MIJARES CPA, PA | | | | |
| | | F | irm/Crunpany | | • | |
| | 75 Valencia | Ave, Suite 703 | | | | 7020 DEC |
| | | | Address | | • | |
| | Coral Gable | es, FL 33134 | | | 21 | 8 2 |
| • | | · · · · · · · · · · · · · · · · · · · | tate and Zip Code | | T | <u>.</u> C |
| • | | anmijares.com | | | 54.4. 24.9.9 | 9;1 |
| | | i-mail address: (to be use | d for future annual report noti | fication) | | |
| For further informat | ion concerning this n | natter, please call: | | | | |
| Roark R. Monahan | | , | 305 407-1440 | | | |
| N: | ime of Person | | Area Code Daytim | e Telephone Numbe | T | |
| Enclosed is a check | for the following am | ount: | | | | |
| . 🛢 \$25,00 Filing Fe | | | 5.00 Filing Fee & | □ \$60.00 Fi | iling Fee, | |
| | | ite of Status (| Certified Copy additional copy is enclosed) | Certified | ite of Stat I Copy Leopy is en | |
| | | | | | | |
| М | AILING ADDRES | S: | STREET/COUR | | | |
| Registration Section Division of Corporations | | | Registration Section Division of Corporations | | | |

Clifton Building

2661 Executive Center Circle Tallahassec, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13053971003

| COMERCIAL BELLOSO, C.A. LLC | | |
|---|---|---|
| (Name of the Limited) | Liability Company as it now appears up our records.) Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Liab | and assigned | |
| Florida document number 1.20000154489 | | |
| This amendment is submitted to amend the following | ing; | |
| A. If amending name, enter the new name of th | e limited liability company here: | |
| the new name must be distinguishable and contain the word | s "Limited Liability Company," the designation "LLC" or | |
| Enter new principal offices address, if applicable | e: | 2820 |
| Principal office address MUST BE A STREET | (DDRESS) | , B |
| | | |
| | | |
| Enter new mailing address, if applicable: | | * (-) |
| Mailing address MAY BE A POST OFFICE BO | <u> </u> | 1 to 1 |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered offic | | nter the name of the nev |
| | | · . |
| Name of New Registered Agent: | - | |
| New Registered Office Address: | Enter Florida street æddræss | 1,468-1,488-1 |
| | . Florid | la. |
| - | City . Florid | 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 copracity. 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

13053971003

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 = ManagerAMBR = Authorized Member

| Title | <u>Name</u> | Address | Type of Action |
|---------------------------------------|------------------|----------------------|-----------------|
| MGR | MORILLO, NEPTALI | 804 Renaissance CT | |
| | | Keller, TX 76248, US | ■ Remove |
| | | | C) Change |
| | | | D Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | |
| | | | □ Remove |
| | | | Change DEC 18 P |
| | | | DAdd & PH D |
| | | | □ Change |
| · · · · · · · · · · · · · · · · · · · | | | □ Add |
| | | | □ Remove |
| | | | □ Change |
| | | | O ∧dd |
| | | | ☐ Remove |
| | | | ☐ Change |

Page 3 of 3

Filing Fee: \$25.00