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COVER LETTER

TO:	Registratio Division of	n Section Corporations		
CI:DIT	CT.	Bella Florida Consulting LLC	1. J. F. 1. J.	i v
SUBJE	.CI:	Name of Liu	nited Liability Company	
The en-	closed Article	s of Amendment and fee(s) are su	bmitted for filing.	
		espondence concerning this matte		
		Soraya Meira		
			Name of Person	
		Bella Florida Consulting	LLC	
		······································	Firm/Company	
		16280 Rock Coast Dr		
			Address	
		Winter Garden , FL 3478	7	
			City/State and Zip Code	
		smeira7@yahoo.com		
For furt	ther informatio	E-mail address: on concerning this matter, please of	(to be used for future annual report no	tification)
		on concerning this matter, prease of		
	raya Meira		407 491-4189 at ()	
	Nar	ne of Person	Area Code Daytii	ne Telephone Number
Enclose	ed is a check f	or the following amount:		
≡ \$2:	5.00 Filing Fee	e ☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Add		Street Address: Registration Se	ection
	-	f Corporations	Division of Co	
	P.O. Box 6		The Centre of	Tallahassee
	Fallahasse	e, FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

멍

Bella Florida Consulting LLC		- B - 세 -
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 06/25/2020	Sand assigned
Florida document number L20000177459		THE STATE OF
This amendment is submitted to amend the following:		6:31
A. If amending name, enter the new name of the lim	nited liability company here:	V 6.
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" of	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or registered	d office address on our reserve outeral	
agent and/or the new registered office address here:	d office address on our records, enter the	name of the new registered
Name of New Registered Agent:		·····
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la
	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
AP	Soraya Meira	16280 Rock Coast Dr Winter Garden Fl 34787	□Add
			Remove
			□ Change
AMBR	Soraya Meira	16280 Rock Coast Dr Winter Garden FL 34787	= Add
			Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
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Гал effective d	te, if other than late is listed, the date	must be specific and	d cannot be prior to	date of filing or more t	(optiona nan 90 days after filin	g.) Pursuant to 605.0201
Note: If the	date inserted in thi ffective date on th	s block does not n	neet the applicabl	e statutory filing rec	uirements, this da	e will not be listed as
ocument 3 c	meenve date on an	c Department of 2	nate 3 records.			
record speci	ifies a delayed effe	ctive date, but not	an effective time	e at 12:01 a m. on th	a aprliar of (b) 1	he 90th day after the
d is filed.	ines a delayed ene	cure date, out not	an enceave and	, at 12.01 a.m. On u	e carner or. (b)	ne sour day after the
•	· ·alh		0000			
Dated	uly 19th		, <u>2020</u>			
	1					
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Typed or printed name of signee