L2000391627

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COVER LETTER

TO:

	Registration Sec Division of Corp			
cun ir <i>c</i>	Belleo Cons	truction & Design LLC		
SUBJEC	1:		ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspor	ndence concerning this matter	to the following:	
		Isac		
			Name of Person	
		Oxford Capital Holdings L	LC	
			Firm/Company	
		2519 McMullen Booth Rd	ste 510-248	
			Address	
		Clearwater FL, 33761		
			City/State and Zip Code	
		isac@cashofferinc.com	to be used for future annual report notification)	
For furthe	er information ec	oncerning this matter, please ca	·	
Isac Bell			813 990-9159 at ()	
	Name of	Person	Area Code Daytime Telephone Number	
Enclosed	is a check for th	e following amount:		
\$25.0	00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy (additional copy is enclosed) ☐ Certified Cop (additional copy	Status &
1 1 1	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

23 AUG 17 PH 4 03

Bellco Construction & Design 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 Con	mpany were filed on 09/16/2020	and assigned
Florida document number L20000291627	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
New Bay Remodeling LLC		
The new name must be distinguishable and contain the words "Limited	ed Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	imen i whee sires accepts	
		orida
	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 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
			□ Add
			□Remove
			Change
			Remove
			□ Change
			□Add
			Remove
			Change
			Remove
			☐ Change
			□Add
			Remove
			□Change
			□ Remove
			∏Change

-	
	, <u> </u>
	
Note: If the date inserted	than the date of filing:
the record specifies a delayed ford is filed.	d effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
Dated 08/17/202	12 B
	Signature of a member or authorized representative of a member
Isac Bell	