## L20 000 300 413

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (Hadiooc)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Submoss Entity / Lane)                 |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

|                  | ration Section<br>on of Corpor                         |   |  |  |
|------------------|--|---|--|--|
| 611D 1000        | Bela   | Vista LLC                                       |  |  |
| SUBJECT: _       | PER  | Name of Limit                                   | ted Liability Company  | <del></del>  |
|                  |  |   |  |  |
| The enclosed A   | aticles of Am  | endment and fee(s) are subr                     | nitted for filing.   |  |
| Please return al | Leorresponde   | ence concerning this matter t                   | o the following:   |  |
|                  |  | Zee De<br>Suprema                               | Jame of Person  BSINESS (  | ionsultants  |
|                  |  | 10300 S   | inset Dive t   | ± 135_   |
|                  | -  | Miami I   | City/State and Zip Code  Preme DC - Com be used for future annual report notif | ication)   |
| For further info | ormation conc  | erning this matter, please ca                   |  |  |
| Zee D            | selaad   | ວ   | at (305) 615-  | Telephone Number   |
|                  | ivanse or re   | 18011   | Mea code Dayiin  | . receptione (summer   |
| Enclosed is a c  | heck for the I   | ollowing amount:                                |  |  |
| \$25.00 Fil      | ing Fee  | □ \$30.00 Filing Fee &<br>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) |
| Regi<br>Divis    | ng Address:<br>stration Sec<br>sion of Cor<br>Box 6327 |   | Street Address:<br>Registration Sec<br>Division of Cor<br>The Centre of T      | porations  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Bela Vista, LLC  | it and a second of the second of                               | <u> </u>   |
|--|--|--|
| (Name of the Limited Liability Compar<br>(A Florida Limited L  | ny as it now appears on our records. Liability Company)        | ı  |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L20000300413</u> .  | were filed on 10 28 20   | and assigned   |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, enter the new name of the limited liabi   | <b>.</b>   |  |
|  | )   A  | and abbreviation "LLC"                                   |
| The new name must be distinguishable and contain the words "Limited Liabil   | •  | or the anoreviation (L.D.C.)                             |
| Enter new principal offices address, if applicable:  | NIA  |  |
| (Principal office address MUST BE A STREET ADDRESS)  |  |  |
|  |  | 22   |
| vo   |  | P DEC  |
| Enter new mailing address, if applicable:  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | <u> </u>   |
|  |  |  |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  | address on our records, <u>enter t</u>                         | ·  |
| Name of New Registered Agent:  | NA   |  |
| New Daniet and Office Address:   |  |  |
| New Registered Office Address:   | Enter Florida street address                                   |  |
|  | Flo  | rida   |
|  | City   | Zip Code   |
| New Registered Agent's Signature, if changing Registered Agent:  | <u> </u>   |  |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office | performance of my duties, an<br>provided for in Chapter 605, I | d I am familiar with and<br>F.S. Or, if this document is |

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     |
|--------------|------------------------|---------------------------------------|--------------------|
| MGR          | Christian A Rojas Vega | 14113 SW 66St J3                      | Add                |
|              |                        | Miami Fz 33183                        |                    |
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| ective date is list<br>If the date inse        | ed, the date mus<br>rited in this bl | t be specific and cannot | be prior to date of filing<br>e applicable statutory | g or mo  | (optional tension of the property of the prope | g.) Pursuant to 60 |
| d specifies a de<br>ed.                        | dayed effectiv                       | e date, but not an eff   | ective time, at 12:01 a                              | a.m, oi  | n the earlier of: (b) - T  | The 90th day aft   |
| 10/28  | 3 202                                | )                        | · ·  |          |  |                    |
|  |                                      | _                        | -  |          |  |                    |
| 4  |                                      | Signature of a member    | or authorized represen                               | tative c | of a member  |                    |