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below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

S: 1	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BELISA CAPITAL, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Belisa Capi	tal, LLC		
(Name of the Limited Liability (A Florid	ity Company as it now appears a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L2000032538</u>	Company were filed on $_/$	0/21/3030 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company her	: :	
The new name must be distinguishable and contain the words "Lim	nited Lizbility Company," the des	ignation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:		120 C	
(Principal office address MUST BE A STREET ADDI	RESS)	-: K	
			F
Enter new mailing address, if applicable:		PH P	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		-
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our rec	ords, enter the name of the new regist	<u>ered</u>
Name of New Registered Agent:			-
New Registered Office Address:	Enter Florid	a street address	-
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registers			
I hereby accept the appointment as registered agent	and agree to act in this co	pacity. I further agree to comply with w duties, and I am familiar with and	the

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:

or temos	ed from our records.		
MGR =	Manager		
AMBR =	Authorized Member		

Title	Name	Address	Type of Action
<u>HGR</u>	BLIII Holdings, Inc.	2000 NW YISTILLE	□Add
		Doral, FL 33166	DRemove
			OChange
HGR	Belisa Investments	LLC 8600 NW 41 Street	SAdd
		DCPCL, FL 33146	□Remove
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If an effective date is Note: If the date	other than the date of filing: listed, the date must be specific and cannot be prior to date of inserted in this block does not meet the applicable statu ive date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207 (story filing requirements, this date will not be listed as t
e record specifies rd is filed.	a delayed effective date, but not an effective time, at 12	:01 a.m. on the earlier of: (b) The 90th day after the
Dated <u><i>OCIOI.</i></u>	<u>101 28 2020.</u>	
	Signature of a member or authorized repr	resentative of a member
	Privalla Gari	