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(Re	questor's Name)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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558 1 8 2021 S. YOUNG



COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	ст:	SEL- CARE L Name of Limi	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
		Joseph	Ward Name of Barran	
			Name of Person	
			Firm/Company	
		2/6 57 1	Address	
		ST Parons	City/State and Zip Code Delpc. Ate wen to be used for future annual report no	3
		Joe. WALD E-mail address: (t	Elpcinte wen	1th com-
For furt	her information co	oncerning this matter, please ca		
	TOSEPH Name of	VAND Person	at (727) ZeY Area Code Daytin	2911 ne Telephone Number
Enclose	d is a check for the	e following amount:		
S \$25	.00 Filing Fee	☐ \$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 Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

	2021
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	星点
The Articles of Organization for this Limited Liability Company were filed on 12 14 200 Florida document number 420006396441	and assigned.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: BELLARE INJUNANCE ACENCY L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevance new principal offices address, if applicable:	eviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name of agent and/or the new registered office address here:	of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
Florida	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
		 	□Remove
			Change
			□Remove
			□Change
			□Add
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			☐ Change
			□Add
			□ Remove
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ote:	ve date, if other than the date of filing:
record is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated .	JANUARY 7 . 2021.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member To sept

Filing Fee: \$25.00