120000390441

(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	···-
(Cit	y/State/Zip/Phone	e #)
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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T. MATTHEWS
DEC 14 2021



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 1, 2021

JOSEPH WARD 216 50TH AVE N ST. PETERSBURG, FL 33703

SUBJECT: BELCARE INSURANCE AGENCY, LLC

Ref. Number: L20000390441

We have received your document for BELCARE INSURANCE AGENCY, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 321A00026579

Tekayla T Matthews OPS

www.sunbiz.org

COVER LETTER

TO: Registration Section

Divi	sion of Cor	porations		
	Belcare Inst	irance Agency, LLC	•	
SUBJECT:		Name of Limi	ted Liability Company	
			,	
The analyzed	Artiolog of	Amendment and fee(s) are sub-	nitted for filing	
		•		
Please return	all correspo	ndence concerning this matter	to the following:	
		Joseph Ward		
			Name of Person	
		Belcare Insurance Agency,	LLC	
			Firm/Company	
		; 216 50th Ave N		
			Address	
		Ca Datambaran UI 22707		
		St Petersburg, FL 33703	City/State and Zip Code	
		jward@sunvestsolutions.com	•	
			to be used for future annual report not	ilication)
For further in	iformation c	oncerning this matter, please ca	all:	
Joseph Ward	1		727 346-6875	
Name of Person		at () Area Code Daytin	ne Telephone Number	
	.vaiic o	.,		
Enclosed is a	check for th	ne following amount:		
≡ \$25.00 F	iling 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)
Reg Div P.C	iling Addres gistration S vision of C). Box 632 lahassee, l	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

RECEIVED
OCT 2 2 2021

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 FO' 15 PH 1: 05

Belcare Insurance Agency, LLC	211	
(Name of the Limited Liability Con (A Florida Limit	ngany as it now appears on our records.) ed Liability Company)	
he Articles of Organization for this Limited Liability Compa lorida document number L20000290441		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited l	iability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
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 of agent and/or the new registered office address here:		the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	s
	, Flo	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 = M AMBR = A	lanager Authorized Member	21 F 5 F; 1:	ე5
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Belpointe AZ LLC	1553 W Todd Dr	□Add
		Tempe, AZ 85283	≅Remove
			☐ Change
			□Add
			□Remove
		·	
			\ \ \ \ \ \
			Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Add
			□Remove
			Change

	- c:/ /: U2
	21 17 15 FILT: 05
	•
Effective date, if other than the d If an effective date is listed, the date must l Note: If the date inserted in this block	September 16, 2021 (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ck does not meet the applicable statutory filing requirements, this date will not be listed as
document's effective date on the Dep	partment of State's records.
ne record specifies a delayed effective ord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	2021
Octher 19	277.
Dated Octber 19	
Dated Octber 19	11,0
	$\overline{1}$
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00