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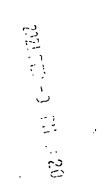
(Re	questor's Name)	-
(110	questor s riume,	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registratio Division of	n Section Corporations	
eun ur		VE ABA LLC	
SUBJEC	-I: <u></u>	Name	of Limited Liability Company
The encl	osed Article	s of Amendment and fee(s) a	re submitted for filing.
		respondence concerning this r	
		IVET F ECHARTE	
			Name of Person
		BELIEVE ABA LLO	
			Firm/Company
		5621 STRAND BLV	D SUITE 302
			Address
		NAPLES FL 34110	
			City/State and Zip Code
		BELIEVEABA2021@	
		E-mail add	ress: (to be used for future annual report notification)
For furth	ier informati	on concerning this matter, ple	ease call:
IVET F	ECHARTE		239 2386504 at ()
	Na	me of Person	at () Area Code Daytime Telephone Number
Enclosed	l is a check	for the following amount:	
■ \$25.	00 Filing Fe	ee S30.00 Filing Fee Certificate of Sta	
	Mailing Ad Registrati		Street Address: Registration Section
Registration Section Division of Corporations			Division of Corporations
	P.O. Box	6327	The Centre of Tallahassee
	Tallahass	ee. FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELIEVE ABA 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 Company were filed on $\frac{01/08/2021}{\text{Lorida document number}}$	and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our records, enter the <u>n</u>	ame of the new regist
gent and/or the new registered office address here:	1-2
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	<u>.</u> :
Enter Florida street address	~
. Florida	بے د

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.

City

Zip Code

If aniending 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	ODETH BECERRA BOSCH		□Add
		4088 2ND AVE NE NAPLES FL 34120	■Remove
			□Change
MGR IVET F ECHARTE	IVET F ECHARTE	5241 HARDEE ST NAPLES FL 34113	≅ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			[]Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	
	
Note: If the da	if other than the date of filing:
he record specific ord is filed.	es 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	. 2021
	Signature of a member or authorized representative of a member
ODI	ETH BECERRA BOSCH
	Typed or printed name of signee

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