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COVER LETTER

TO: Registration Section of Corp		
SUBJECT: <u>Be</u>	Name of Limited Liability Company	
The enclosed Articles of A	mendment and fee(s) are submitted for filing.	
Please return all correspon	dence concerning this matter to the following:	
	Maria Bello Name of Person	
	Bello International Group, LLC	
	11431 NW 18 Manor Address	
	Coral Springs FL. 33071	
	E-mail address: (to be used for future annual report notification)	
For further information con	neerning this matter, please call:	
Jose	Antonio Bello a. 305, 619-4111	
Name of I	Person Area Code Daytime Telephone Number	
Enclosed is a check for the	following amount:	
☐ \$25.00 Filing Fee	Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

Bello In	ternational G	roup, LLC
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on ou a Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Comment number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	202
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designati	on "LLC" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	<u>RESS)</u>	
Enter new mailing address, if applicable:		Orr -
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
	7.5	, Florida
	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 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 Type of Action Title Name **Address** 1143/NW 18 Manor WAdd MGR Maria Bello Coral Springs FL 33071 □Remove Change AMBR JOSE Antonio Bello 11431 NW 18th Manor Coral Springs FL 33071 \square Add □ Change _ □Remove □Change

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aument's effective	re date on the D	epartment of State's	records.				
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		Signature of a member	r or authorized tepre	sentative of a memb)er		
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			Maria	D6110			

Filing Fee: \$25.00