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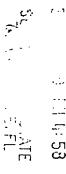
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Basilless Eliki, Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer.

Office Use Only



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TO: Registration S Division of Co				
SUBJECT: BELE LIA	C			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
	STEFANO RAUCO			
		Name of Person		
	BELE LLC			e of Status & Copy copy is caclosed)
	<del></del>	Firm/Company		
	18628 SW 50TH CT			
		Address	v	ma
	MIRAMAR, FL 33029		ر ار د د ا	٠
	<del> </del>	City/State and Zip Code		
	BLUPRO@PECIT		10	Fee.
		(to be used for future annual report notification)		g Fee, of Status &
For further information of	concerning this matter, please c	all:	四至	Ω. 
STEFANO RAUCO		305 4812233	וייו	CO
Name (	of Person	Area Code Daytime Telephone Nu	mber	_
Enclosed is a check for t	he following amount:			
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	ified Copy	tatus &
Mailing Address		Street Address:		
Registration Division of C		Registration Section Division of Corporations		
P.O. Box 632	27	The Centre of Tallahassee		
Tallahassee,	FL 32314	2415 N. Monroe Street, Suit	te 810	

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION OF

BELETIC	
( <u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp	appears on our records.)
he Articles of Organization for this Limited Liability Company were filed o	on 03/22/2021 and assigned
orida document number 1.21000131557	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compa	ny here:
ne new name must be distinguishable and contain the words "Limited Liability Company."	the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	no I
Mailing address MAY BE A POST OFFICE BOX)	ATE 58
If amending the registered agent and/or registered office address on orgent and/or the new registered office address here:	our records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	
Ente	r Florida street address
<del></del>	Florida
Cin:	Zin Civla

## 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.

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MRS	LUCCHI, MARIA ELENA	18628 SW 50TH CT	□Add
		MIRAMAR, 14. 33029	■Remove
			□Change
	BLUPRO SRL	VIALE BRUNO BUOZZI 47	<b>=</b> Add
		ROMA, ITALIA 00197	□Remove
			□Change
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ve date, if other than the date of fili etive date is listed, the date must be specific a If the date inserted in this block does not	ng:	date of filing or more that	(optional) in 90 days after filing) Priferments, this date wi	ursuant to 605.02: If not be listed:
ent's effective date on the Department of	State's records.	. 3		
specifies a delayed effective date, but noted.	ot an effective time	e, at 12:01 a.m. on the	earlier of: (b) The 9	Oth day after th
AUGUST 5	2024			
			nember	
TOTION 5	- ·			

Typed or printed name of signee