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Office Use Only



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U6/15/21--U1U31--U06 \*+85.UU



O SIMMONS JUL 15 2021

## **COVER LETTER**

	tion Section of Corporations	
SUBJECT:	Bella Bee Rentals  Name of Limited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.	
Please return all co	orrespondence concerning this matter to the following:	
	Alexandra Metallo Name of Person	
	Firm/Company	
	7526 lithia Pinecrest Rd.	
	Lithia, Fl 33547	
	City/State and Zip Code  All X Metallo 24 (v amuli - (om  E-mail address: (to be used for future/annual report notification)	
For further inform	nation concerning this matter, please call:	
A-lex_	Name of Person at (S13) 230 691 2  Area Code Daytime Telephone Number	
Enclosed is a chec	ck for the following amount:	
▼ \$25.00 Filing	Certificate of Status Certified Copy Certified  (additional copy is enclosed) Certified	te of Status &

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

Bel	la Bee Rental	8 JUL 15 CPH 5: 17
(Name of the Limited L (A l	iability Company as it now appears on o lorida Limited Liability Company)	pur records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on 5	24/2091 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designa	ntion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regisagent and/or the new registered office address h		ds, enter the name of the new registere
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida st	reet address
		, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma AMBR = Au	nager thorized Member		:	
Title	Name	Address	7321 JUNE 15 PH 5: 1	7 Type of Action
MGR	Jay Michael L Ayre	rs. 7526	Lithia Pinecros	+ <u> ld</u> □Add
	Jay Michael L Agre	<u>lithi</u>	a, Fl 3354	7 ⊠Remove
				Change
MGR	Alexandria Metallo	7526	Littia Anecrost	- Pd BAdd
		<u>lithia</u> ,	FL 33547	□Remove
				□Change
·				□ Add
				□Remove
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				□Remove
				□Change

	FEET UNITS PH 5: 17
fective date, if other than the date of fill in effective date is listed, the date must be specific a ote:  If the date inserted in this block does not be current's effective date on the Department of	t meet the applicable statutory filing requirements, this date will not be listed :
ecord specifies a delayed effective date, but no is filed.	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
6/11/2021	
ted	OocuSigned by:
	Jey Dan
Signature of	a member or authorized representance of a member

Filing Fee: \$25.00