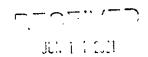
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COVER LETTER

Division of Cor	porations		
SUBJECT: Bell	aura, LLC Name of Lim		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	j	N II.	
	Lau	ra R. Kiray Name of Person	
		Name of Person -	
	Bell	laura, LLC	
		Firm/Company	
	12495 Ghi	berti Circle, Un	it 202
		Address	
	Venice	, F1 34293	
	V Critica	City/State and Zip Code	
	drla	ura Kinay @ aol-cu to be used for future annual report not	DM.
	E-mail address: (to be used for future annual report not	ification)
For further information c	concerning this matter, please ca	all:	
Laura R	. Kiray	at (973) 598- Area Code Daytin	5162
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
X \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fcc &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

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Registration Section

TO:

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

Bellaura, Ll							
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our re iability Company)	cords.)					
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000 263891</u> . This amendment is submitted to amend the following:			and assigned				
A. If amending name, enter the new name of the limited liabi	lity company here:						
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "	'LLC" or the abbrevi	ation "L.L.C."				
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDRESS)							
Enter new mailing address, if applicable:	M 10: 51						
(Mailing address MAY BE A POST OFFICE BOX)							
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>er</u>	iter the name of	the new register				
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	 					
New Registered Office Address:	Enter Florida street aa	ldress					
	, Florida						
	City		ip Code				
New Registered Agent's Signature, if changing Registered Agent:							
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties rovided for in Chapter 6	s, and I am famil 05, F.S. Or, if th	liar with and is document is				

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Laura R. Kiray	12495 Ghiberti Cir, 202 Venice FL 34293	X Add
			□Remove
		(Charge title only to Am	8 R) A Change
MOR	Laura R. Kiray	12495 Ghibarti Cir, #202 Venice, FL 34293	
		<u> </u>	ZRemove
			Change
			Change
			Remove
			□Add
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			Change

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