Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000426750 3)))



H210004267503ABC.

Division of Corporations Fax Number : (850)617-6383
Fax Number : (850)617-6383
From:
Account Name : REGISTERED AGENTS INC
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 770 BELLA VISTA LLC

Certificate of Status	0
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C. BRUMBLE)

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2021 NOY 18 PH 1: 46

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

770 BELLA VISTA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

1.	t i iorida Emaica S.	definy company)		
The Articles of Organization for this Limited Liab Florida document number L21000305791	oility Company v	were filed on 07/02	/21 and as	signed
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabi	lity company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liabili	ty Company," the designat	tion "LLC" or the abbreviation "l	. L.C."
Enter new principal offices address, if applical	ble:	770 Bella vista	Ct. s.	
(Principal office address MUST BE A STREET	ADDRESS)	Jupiter fl 3347	7	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2021 401
B. If amending the registered agent and/or regagent and/or the new registered office address		iddress on our record	ls, enter the name of the no	w registered
Name of New Registered Agent:	Registered	d Agents Inc.		8
New Registered Office Address:	7901 4th S	ST N STE 300 Enter Florida str	eet address	
	St Petersb	ourg	Florida 33702	
		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KRZYSZTOF BLASZCZYNSKI	770 Bella vista Ct. s.	X]Add
		Jupiter fl 33477	□Remove
			X)Change
MGR	KRZYSZTOF BLASZCZYNSKI	711 CENTER BAY DR	□Add
		West ISLIP, NY 11795 UN	⊠Remove
			□Change
			□Add
			□Remove
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record d is fil	d specifies a dela led.	yed effective da	te, but not ar	n effective ti	ne, at 12:01	a.m. on the	earlier of: (h	o) The 90th da	y after the
Dated .	11/18		·	2021	<u></u>				
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