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COVER LETTER

TO: Registration Se Division of Cor			
	CIETAS, LLC		
SUBJECT:	Name of Lim	ited Etability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Adam Klauber, Esquire		
		Name of Person	
	Klauber Goldman, P.A.		
		Firm/Company	
	8751 West Broward Boule	evard , Suite 410	
		Address	
	Planatation, Florida 33324		1,
		City/State and Zip Code	PK:
	akfauber@klaubergoldman.		
	E-mail address: (to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
Adam Klauber		at () 424 9	666
Name e	of Person	\	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	
P.O. Box 632	2.7	The Centre of	Fallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELLI-SOCIETAS, LLC			
(Name of the Limited	Liability Company as it now a A Florida Limited Liability Compa	ppears on our records,) my)	
The Articles of Organization for this Limited Lia	pility Company were filed or	n 11/08/2021 au	nd assigned
Florida document number 1.21000480832	·		
his amendment is submitted to amend the follow	ving:		
a. If amending name, <u>enter the new name of t</u>	he limited liability compan	ny here:	
he new name must be distinguishable and contain the wor	ds "Limited Liability Company."	the designation "LLC" or the abbreviat	ion "L.L.C."
Inter new principal offices address, if applical	ole:		<u> </u>
Principal office address MUST BE A STREET	ADDRESS)	17: 	r ,
		11	; :
inter new mailing address, if applicable:		1	. *
Mailing address MAY BE A POST OFFICE B	ON)		0.3
			N)
3. If amending the registered agent and/or reggent and/or the new registered office address Name of New Registered Agent:		ur records, <u>enter the name of tl</u>	ne new regist
	8751 West Broward Blvd., Si	uite .110	
New Registered Office Address:		r Florida street address	
	Plantation		
	City	, Florida 33324	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>	Name	Address	Type of Action
			□Remove
			🗀 Add
			☐ Remove ☐ Change ☐ Change ☐ Change ☐ Change ☐ Change ☐ Change
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reffective date is list te: If the date insu	her than the date of ed, the date must be spec creed in this block doc date on the Departmo	rific and cannot be p is not meet the app	olicable statute	ing or more than ory filing requir	(optional 90 days after filin ements, this dat	g.) Pursuant to	605.02 listed
ecord specifies a de is filed.	layed effective date,	but not an effectiv	e time, at 12:0)La.m. on the e	arlier of: (b) = T	The 90th day	after the
ated	27	2022	· ·				

Filing Fee: \$25.00