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COVER LETTER

TO: Registration So Division of Co		
	ia Ventures, LLC	
SUBJECT:	.•	
	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Jesse Davis	
	Name of Person Bella Grazia Ventures, LLC	
	Firm/Company	2
	11232 Macaw Court	
	Address	
	Windermere, FL 34786	
	City/State and Zip Code Jessedavis 1717@gmail.com	
For further information of	E-mail address: (to be used for future annual report notification) concerning this matter, please call:	
		7
	se Davis at (704) 777-083 of Person Area Code Daytime Telephor	
Enclosed is a check for the	he following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration	Section Registration Section	
Division of C	Corporations Division of Corporation	1S

P.O. Box 6327

Tallahassee, FL 32314

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

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

The Articles of Organization for this Limited Liability Company	were filed on March 21, 202	Z and assigned
L2 200 01 1636 7	·	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11232 Macaw Court, Windermere, FL.,	34786-
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11232 Macaw Court, Windermere, FL.	34786
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nai	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	Zin Cale

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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Michael Lawrence Marks	733 Marsh Reed Drive, Winter Garden, FL 34787	√ Add
			□Remove
			□ Change
			Remove
			Change
			Add Time
			Remove
			□ Add
			□Remove
			□ Change
			□Add
			□ Remove
			ПСһалде
			□Add
			□Remove
			□Change

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