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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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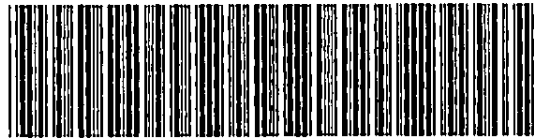
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

76

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BELLE RENTAL PROPERTIES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leigh Stafford

Name of Person

Precise Planning

Firm/Company

430 E Taylor St.

Address

Reno, NV 89502

City/State and Zip Code

leigh@preciseplanning.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leigh Stafford

775 848-6265

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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

BELLE RENTAL PROPERTIES, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/12/2022 and assigned
Florida document number L22000174529.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 14422 Shoreside Way
(Principal office address MUST BE A STREET ADDRESS) Suite 110
Winter Garden, FL 34787

Enter new mailing address, if applicable: 14422 Shoreside Way
(Mailing address MAY BE A POST OFFICE BOX) Suite 110
Winter Garden, FL 34787

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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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>	<u>Type of Action</u>
MGR	GIUSEPPE PAVONE	14422 Shoreside Way	<input type="checkbox"/> Add
		Suite 110	<input type="checkbox"/> Remove
		Winter Garden, FL 34787	<input checked="" type="checkbox"/> Change
MGR	MARIE PAVONE	14422 Shoreside Way	<input type="checkbox"/> Add
		Suite 110	<input type="checkbox"/> Remove
		Winter Garden, FL 34787	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 6 2022

Signature of a member or authorized representative of the contractor

Signature of a member or authorized representative of a member

GIUSEPPE PAVONE

Typed or printed name of signee

Filing Fee: \$25.00