L22000222261

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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09/22/23--01009--006 **25.00

1023 SEP 22 PM 1: 20 SECKETARY SEE FILE

COVER LETTER

Division of Corpor	rations	
SUBJECT: Bell	eview Christmas Paradelle Name of Limited Liability Company	
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	SUE MOSILY Name of Person	
	Firm/Company	
	5184 SE 28 ST Address Address City/State and Zip Code City/State and Zip Code	
-	SUE MOSIEY Realton Danciel Constitute annual report notification)	
		Ś
Name of Per	mos/eu at (352) 427 9898 Area Code Daytime Telephone Number	
Enclosed is a check for the fo	ollowing amount:	
\$25.00 Filing Fee [□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address:	Street Address:	

Registration Section **Division of Corporations**

TO:

Registration Section

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 Compa (A Florida Limited I	my as it now appears on our records.)	Parade 1/c.
The Articles of Organization for this Limited Liability Company Florida document number <u>L220002222(0)</u>	- 1:10	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	tity Company "the designation "LLC" or	r the abbreviation "L.I.C."
Enter new principal offices address, if applicable:	5184 SE 20	4 ST
(Principal office address MUST BE A STREET ADDRESS)	OCALA 71	34480
Enter new mailing address, if applicable:		2023 SEP ECRET
Mailing address MAY BE A POST OFFICE BOX)		14.R. 22 1
B. If amending the registered agent and/or registered office a	nddress on our records, <u>enter th</u>	mo =
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
· · · · · · · · · · · · · · · · · · ·	, Florid	da 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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an effective date is listed, the date	e must be specifi	c and cannot be pr	ior to date of filing	or more than 90 d	_ (option ays after fil	ing.) Purst	ant to 605	5.0201
lote: If the date inserted in the ocument's effective date on the	us block does r he Department	not meet the app of State's recor	licable statutory ds.	filing requireme	ents, this d	ate will n	ot be list	ed as
record specifies a delayed eff is filed.	ective date, but	t not an effective	e time, at 12:01 :	a.m. on the earlie	er of: (b)	The 90th	day afte	r the
ated 9/19/2	3	202	3					
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		DIL		7				
		OT A MAMBAR AR AL						
	Signature	or a member or at	ithorized represen	tative of a member	7			

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
mar	Candace Norton	4430 SE 111 Th. PI	ÞÍAdd
		4430 SE III PI Belleview 713442	
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			□ Add
			□Remove
			□Change
			🗆 Add
			Remove Remove Change
		SEE STATE	□ Add P
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