

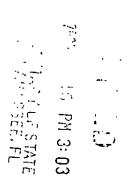
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07/16/24

COVER LETTER

TO: Registration Section Division of Corpor		\sim	
	Susano	Rella Roch	e LLC
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	Sus	sana Bella Ro	oche_
		Name of Person	
		Firm/Company	
	2036	9 Hacienda	Ct
	Воса	Ratow Fi	33496_
	thebel	City/State and Zip Code A O SOUP CO LU b be used for future annual report notifica	J. CORES PH 3: 0:
	E-mail address: (to	o be used for future/annual report notifica	
For further information conc	erning this matter, please ca	11:	03
Susana Be	lla Koche	at 954 304	5488
Name of Per	rson	Area Code Daytime Te	elephone Number
Enclosed is a check for the fo	ollowing 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:	tion	Street Address: Registration Section	on.

Registration Section
Division of Corporations
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

T()——————————————————————————————————————
ARTICLES OF O	
01	
Susana Bella	Roche LLC
(Name of the Limited Liability Compan (A Florida Limited Li	iy as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number 423000245510	were filed on May 18, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil. The Bella Group The new name must be distinguishable and contain the words "Limited Liability".	Real Estate LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	20369 Hacienda Ct Boca Rator Fl. 33498
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	55 55 55 55
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new.registered
Name of New Registered Agent:	
New Registered Office Address:	
new registered Office Address.	Enter Florida street address

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.

City

, Florida

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	Susana Bella Roche	20369 Hacienda Ct Boca Raton FL 33498	KAdd
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			□Change
	<u> </u>	·•	□Add
			□Remove
			Change
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ective date, if other than the date of filing:	<u> </u>	(optional)		
effective date is listed, the date must be specific and cannot be prior to date it the date inserted in this block does not meet the applicable s	of filing or more than 9 tatutory filing require	0 days after filing.)	Pursuant vill not b	to 605.02 se listed
ument's effective date on the Department of State's records.				
	t 12:01 am on the ea	rlier of the The	OOth da	v after t
cord specifies a delayed effective date, but not an effective time, a s filed.	t 12.01 a.m. on the ea	ineror. (b) The	. 90th ta	y arter t
TI Inthe 2001				
ed = 000, 2029 .				
Signature of a member or authorized				

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Filing Fee: \$25.00