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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

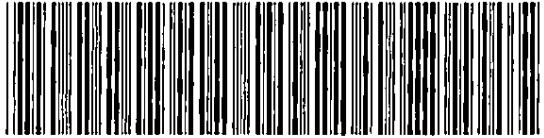
(Business Entity Name)

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2023 OCT 11 AM 10:08

10/19/2023

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bella Vita Vacations LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jodi Shaw

\_\_\_\_\_  
Name of Person

Kyler Kohler Ostermiller & Sorensen, LLP

\_\_\_\_\_  
Firm/Company

1883 West Royal Hunte Drive, Suite 200

\_\_\_\_\_  
Address

Cedar City, Utah 84720

\_\_\_\_\_  
City/State and Zip Code

jodi@kkoslawyers.com

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

For further information concerning this matter, please call:

Jodi Shaw

435

586-9366 Ext: 2042

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



1883 W. Royal Hunte Dr., Suite 200  
Cedar City, Utah 84720  
Phone 435-586-9366  
Fax 435-586-9491

Jodi Shaw, Paralegal  
Jodi@kkoslawyers.com

October 2, 2023

Department of State  
Division of Corporations  
The Center of Tallahassee  
2415 N. Monroe Street Suite 810  
Tallahassee, FL 32303

To Whom It May Concern:


Enclosed for processing are duplicates of the Articles of Amendment to Articles of Organization for Bella Vita Vacations LLC. Also enclosed is a check in the amount of \$25.00 to cover the filing fee.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours,

**KYLER KOHLER OSTERMILLER & SORENSEN, LLP**

  
Jodi Shaw  
Paralegal

Enclosure

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2023 OCT 11 AM 10:08

Bella Vita Vacations 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 06/05/2023 and assigned  
Florida document number L23000272425.

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 "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
City 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**

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>   | <u>Address</u>                         | <u>Type of Action</u>                      |
|--------------|---------------|--|--|
| MGR          | Justin Loutfy | 1150 Northwest 72nd Avenue, Tower I    | <input checked="" type="checkbox"/> Add    |
|              |               | Suite 455 #11138, Miami, Florida 33126 | <input type="checkbox"/> Remove            |
|              |               |  | <input type="checkbox"/> Change            |
| AMBR         | Justin Loutfy | 1150 Northwest 72nd Avenue, Tower I    | <input type="checkbox"/> Add               |
|              |               | Suite 455 #11138, Miami, Florida 33126 | <input checked="" type="checkbox"/> Remove |
|              |               |  | <input type="checkbox"/> Change            |
|              |               |  | <input type="checkbox"/> Add               |
|              |               |  | <input type="checkbox"/> Remove            |
|              |               |  | <input type="checkbox"/> Change            |
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|              |               |  | <input type="checkbox"/> Change            |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 9/27/2023

DocuSigned by:

*Justin Loutfy*

SDE01A954F88461...

Signature of a member or authorized representative of a member

Justin Loutfy

Typed or printed name of signee

**Filing Fee: \$25.00**