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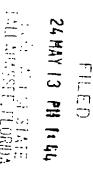
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO: Registration S Division of Co			•
	o Development, LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Mahmoud S El-Behiri		
		Name of Person	
	Belle Lago Development,	LLC.	
		Firm/Company	
	600 Sweetwater Bay Ct.		
		Address	
	Longwood, Fl 32779		
		City/State and Zip Code	. <u>. </u>
	samybehiri@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please concerning	all:	
Mahmoud S El-Behiri		407 6173636 at ()	
Name	of Person	Area Code Daytim	e 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 Addr		Street Address:	
Registration	Section Corporations	Registration Sec Division of Cor	
P.O. Box 63	-	The Centre of T	

Tallahassee, FL 32314

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.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/07/2024 and assigned Florida document number L24000117195

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:
(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 ac	ldress
		, Florida
·	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

BELLE LAGO DEVELOPMENT, LLC

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>	Address	Type of Action
AMBR	BALBEY, ABDULHANNAN	600 SWEETWATER BAY CT., LONGWOOD, FI	
			=Remove
			Change
AMBR	ABDUL AL, YOUSEF NIMER	2353 vintage drive, lighthouse point, FI 33064	≣ Add
			□Remove
		<u></u>	Change
AMBR	EL-BEHIRI, AMIRA	600 SWEETWATER BAY CT., LONGWOOD, FI	_ 32 ■Add
			□Remove
			Change
AMBR	AGHA, NABIL ANWAR	1220 Gladiolas Dr. Winter Park, Fl 32792	= Add
			Remove
			□Change
AMBR	RADWAN, ESSAM	1904 Ayrshire Place, Oviedo, Fl 32765	= Add
			□Remove
			□Change
AMBR	GHAZAL, MOHAMED	640 Chapman Court, Oviedo, Fl 32765	= Add
			□ Remove
			□Change

			
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fective date, if other than the d	ate of filing:		_ (optional)
n effective date is listed, the date must bote: If the date inserted in this bloc	be specific and cannot be prior to the does not meet the applical	o date of filing or more than 90 o ble statutory filing requirem	lays after filing.) Pursuant to 605.0207 ents, this date will not be listed as
cument's effective date on the Dep		,	
posed enacifies a delegad affective	date, but not an effective tim	ne, at 12:01 a.m. on the earli	er of: (b) The 90th day after the
is filed.	2024	<u></u> •	
is filed.	2024		
is filed. MAY 3RD ted		irod Prescontative of a month	
is filed. MAY 3RD ted	2024 ignature of a member or author	ized representative of a member	r

Filing Fee: \$25.00

MGR = Manager

AMBR = Authorized Member

Title: AMBR

Name: BERGMANN, ROLF

Address: 5015 E Lake Mary Blvd Sanford, Fl 32771

Type of Action:

√2 Add

□ Remove

□ Change

Title: AMBR

Name: SHEHAB ELDIN, NAYRA

Address: 600 SWEETWATER BAY CT, LONGWOOD, FL 32779

Type of Action:

DDA N

□ Remove

□ Change

Signature of a member:

Name: EL-BEHIRI, MAHMOUD S

DATE: May 3rd, 2024