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## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	Belle Casa	Aero LLC		
obocc r.			ited Liability Company	<del></del>
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter		
		Barron Roddey		
			Name of Person	
			Firm/Company	
		425 W Colonial Dr Ste 30.		<u> </u>
			Address	
		Orlando FL 32804		
		barron@bellecasacommuni	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
Barron Rodo	key		727 946-1074 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25,00 F	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

TO:

**Registration Section** 

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

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number 1.24000375896	y were filed on <u>08/27/2024</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "I	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		24 ALE CERT
	<u> </u>	¥0. 09
Enter new mailing address, if applicable:		
		<b>7</b> :
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	5. 55 5. 55
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ent	ter the name of the new regist
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		<del>,</del>
	Enter Florida strvet add	tress
<del></del>		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 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	Barron Roddey	425 W Colonial Dr Ste 303 Orlando F1, 32804 USA	<b>⑤</b> Add
			□Remove
			□ Change
A			□Add
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ctive date if oth	er than the date of f	ïlina.		(antional)	
e: If the date inser	d, the date must be specifi- rted in this block does re- date on the Department	not meet the applic	cable statutory filing	(optional) e than 90 days after filing.) requirements, this date	Pursuant to 605.0207 will not be listed as
ord specifies a del	layed effective date, but	t not an effective t	ime, at 12:01 a.m. or	n the earlier of: (b) The	90th day after the
filed.					
		ktx			
filed.	Signature	of a member or aud	orized representative o	f a member	<del></del>

\* \* \* \* \* \*