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COVER LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: Bella Cita FL, LLC Name of Limited Liability Company	_	
Dear Sir or Madam:		
The enclosed Statement of Correction and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Patti B. Crosby, Paralegal		
Taylor English Duma LLP	5 3.	~3
1600 Parkwood Circle, Suite 200		2819 1.83
Address	,	26
Atlanta, Georgia 30339	·.	D
City/State and Zip Code	: •	رب سا
jbrees@tpa-grp.com E-mail address: (to be used for future annual report notification)	•	<u>ــاـ</u> ـ
E-mail address. (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Patti B. Crosby678336-7296		
Name of Person Area Code Daytime Telephone Number	_	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		

\$55 Filing Fee & Certified Copy

☐ \$25 Filing Fee

S30 Filing Fee & Certificate of Status

\$60 Filing Fee. Certificate of Status & Certified Copy

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuai	nt to sec	tion 605.0209, F.S., this document is being subm	itted to correct a previously filed do ella Cita FL, LLC	cument.		
FIRST	The na	ime of the limited liability company is:	ella Cita i E, EEC			
SECO:	<u>D</u> :	Document to be corrected is: to fransact husin	ess in Florida	LOT AUCHOTIZATION		
\boxtimes	Contai	check the appropriate Box and come an incorrect statement. The incorrect statement are as follows: word "Cita" in the name of the	nt, the reason the statement is incorre	ect, and the corrected		
	nan	ne of the entity is "Bella Citta FL	, LLC". A Good Standin	g Certificate		
—	<u>OR</u>	n Delaware for Bella Citta FL,		The Carlotte of Proceedings and the Carlotte of Proceedings and the Carlotte of Procedings an		
	was d	efectively signed. The manner in which the docu ows:	ment was detectively signed and the	propriate egrection are		
	<u>or</u>					
	The el	Signature of Authorized Representative	1	-4019		
		w registered agent, if applicable :(NOTE: if corresponding).	ecting the registered agent, the new	registered agent must sign		
[hereb	y accept ons of a ions of r a chang	Agent's Signature, if changing Registered Agen the appointment as registered agent and agree to it statutes relative to the proper and complete per my position as registered agent as provided for in e in the registered office address, I hereby confirm	o act in this capacity. I further agree formance of my duties, and I am fan	tiliar with and accept the		
	Registered Agent's Signature					
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)			

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BELLA CITTA FL, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-FIFTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BELLA CITTA FL, LLC" WAS FORMED ON THE NINTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Jeffrey W. Bullock, Secretary of State

Authentication: 202712140