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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: **866.625.0838** F: **866.625.0839** COGENCYGLOBAL.COM

Account#: I20000000088

Date:	02/14/2023	
Name:	Merritt Walker	
Reference #	1908938	
	BELLA BRAVA W	ESLEY CHAPEL LLC
☐ Article	es of Incorporation/Authorization t	o Transact Business
✓ Amen	dment	
☐ Chan	ge of Agent	
☐ Reins	tatement	
☐ Conve	ersion	
☐ Merge	er	
☐ Disso	lution/Withdrawal	
☐ Fictition	ous Name	
✓ Other	CERTIFIED COPY	OF THE FILING EVIDENCE
Authorized A	.mount: \$55	
Signature:	Mur	



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Account#: I20000000088

Date: 02/14/2023	
Name: Merritt Walke	er
Reference #:	8
	BRAVA WESLEY CHAPEL LLC
☐ Articles of Incorporation/Au	thorization to Transact Business
✓ Amendment	
Change of Agent	
Reinstatement	
Conversion	
Merger	
☐ Dissolution/Withdrawal	
Fictitious Name	
✓ Other CER	TIFIED COPY OF THE FILING EVIDENCE
Authorized Amount:	\$55
Signature:n	w

P. 800.221.0102

F: B00.944.6607

F: +852,2682,9790

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	BJECT: Bella Brava Wesley Chapel LLC			
	Name of Foreig	n Limited Liabil	ity Compa	any
Dear Sir or Madam:				
The enclosed applica	ation, certificate and fee(s)	are submitted for	r filing.	
Please return all corr	respondence concerning thi	s matter to the fo	ollowing:	
Debbie K. Turner				
	Name of Person			
Reed Smith LLP				
	Firm/Company			
10 South Wacker D				
	Address			
Chicago, Illinois 60				
	City/State and Zip Code			
dturner@reedsmitl				
E-mail address; (to	be used for future annual	report notification	on)	
For further informati	on concerning this matter,	please call:		
Debbi	e K. Turner	at (<u>312</u>)	207-28	344
Nam	e of Person	Area Code &	& Daytime	e Telephone Number
	OURIER ADDRESS:		MAILI	NG ADDRESS:
Registration			_	ation Section
Division of C	-			of Corporations
Clifton Build	ung ive Center Circle		P.O. Bo	
	Florida 32301		тапапаз	ssee, Florida 32314
	for the following amount			
S25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Certified	•	Soo Filing Fee. Certificate of Status of Certified Copy
CR2E055 (9/15)				Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTIO	N I (1-4 must be completed)	
1. Name of limited liability Company as it appear	ars on the records of the Florida Department of	100年
State:	Bella Brava Wesley Chapel LLC	
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited I	iability company is: M22000001856	
3. Jurisdiction of its organization:	Delaware	
4. Date authorized to do business in Florida:	02/04/2022	
SECTION II (5-9 complete only the applicable	e changes)	
5. New name of the limited liability company: _	Bella Brava Bexley LLC	
(mu	ist contain "Limited Liability Company," "L.L.C.,"	or "LLC.")
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or m must contain "Limited Liability Company." "L.L.	ed for the purpose of transacting business in Florida anaging members adopting the alternate name. The a.C." or "LLC.")	and attach a alternate nam
6. If amending the registered agent and/or registeregistered agent and/or the new registered office a	red officer address on our records, enter the name of address here:	the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida Street Address	
_	, Florida	Code
	CHV ZII.	· Coae

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.

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
itle/ Capacity	Name	Address	Type of Actio		
			Add		
			l Remov		
			Add		
			Remov		
			Add		
			Remov		
			Add		
			Remove		
			Add		
aforementioned	r the law of which this entity is rean	the official having custody of records in	Remove		

Filing Fee: \$25.00

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF 'BELLA BRAVA WESLEY CHAPEL LLC', CHANGING ITS NAME FROM "BELLA BRAVA WESLEY CHAPEL LLC" TO "BELLA BRAVA BEXLEY LLC", FILED IN THIS OFFICE ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2023, AT 10:35 O'CLOCK A.M.



Authentication: 202707767

Date: 02-14-23

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:35 AM 02/14/2023
FILED 10:35 AM 02/14/2023
SR 20230502005 - File Number 6586879

STATE OF DELAWARE

CERTIFICATE OF AMENDMENT TO THE CERTIFICATE OF FORMATION OF BELLA BRAVA WESLEY CHAPEL LLC

February 13, 2023

It is hereby certified pursuant to Section 18-202 of the Delaware Limited Liability Company Act that:

FIRST: The name of the limited liability company is Bella Brava Wesley Chapel LLC (the "Company").

SECOND: The original Certificate of Formation of the Company was filed with the Secretary of State of the State of Delaware on February 1, 2022.

THIRD: ARTICLE FIRST of the Certificate of Formation of the Company shall be deleted in its entirety and replaced as follows:

"FIRST. The name of the limited liability company formed hereby is Bella Brava Bexley LLC."

IN WITNESS WHEREOF, the undersigned authorized person of the Company has executed this Certificate of Amendment as of the date first written above.

By:

Name: Robert Sanderson
Title: Authorized Person