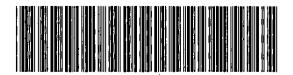
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C. MUSTAIN



COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: BELLANAME INC. DOCUMENT NUMBER: P11000099280 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JULIO C. DE LOS RIOS Name of Contact Person DLR ACCOUNTING CORP Firm/ Company 5743 HOLLYWOOD BLVD HOLLYWOOD, FL 33021 City/ State and Zip Code DLRCORP@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 816-4119
Area Code & Daytime Telephone Number JULIO C. DE LOS RIOS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	BELLANAME INC		
as currently filed with the Florida Dept. of State)	*		
	P11000099280		
nent Number of Corporation (if known)	(Document N		
07.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendmen	Pursuant to the provisions of section 607.100 ts Articles of Incorporation:		
name of the corporation:	A. If amending name, enter the new name		
The new			
ontain the word "corporation," "company," or "incorporated" or the abbreviation ignation "Corp," "Inc," or "Co". A professional corporation name must contain the	name must be distinguishable and contain 'Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association		
	3. Enter new principal office address, if a		
(STREET ADDRESS)	Principal office address <u>MUST BE A STRE</u>		
72			
mlicable:	C. Futor new mailing address if applicab		
	C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF).		
and/or registered office address in Florida, enter the name of the). If amending the registered agent and/o		
	new registered agent and/or the new re		
nt	Name of New Registered Agent		
· · · · · · · · · · · · · · · · · · ·			
(Florida street address)	, —		
ss:, Florida	New Registered Office Address:		
(City) (Zip Code)			
	New Registered Agent's Signature, if change		
usierea ageni. I am jaminar with and accept the obligations of the position.	nereoy accept the appointment as registered		
f changing Registered Agent: sistered agent. I am familiar with and accept the obligations of the position. Signature of New Pagintered Agent, if changing	hereby accept the appointment as registered		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President: V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk: CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MOIRA NAME	5743 HOLLYWOOD BLVD
X Add Remove			HOLLYWOOD, Ft. 33021
2) Change Add Remove			
3) Change Add Remove	<u></u>		
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove	**************************************		

i. If amending or adding additional Artic (attach additional sheets, if necessary).	
	147 Maria 147 Ma
	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
SHAREHOLDERS	SHARES
HECTOR DI BELLA	500
MOIRA NAME	500

The date of each amendment(s) add	option: 6/1/2012		
Effective date if applicable: 6/1.	/2012		
<u></u>	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
■ The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.		
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):		
"The number of votes cast for	or the amendment(s) was/were sufficient for approval		
by	(voting group)		
	(voting group)		
☐ The amendment(s) was/were adoptaction was not required.	sted by the board of directors without shareholder action and shareholder		
☐ The amendment(s) was/were adopaction was not required.	sted by the incorporators without shareholder action and shareholder		
_{Dated} 6/15/20	12 📿		
Signature			
selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court dididuciary by that fiduciary)		
<u></u>	HECTOR DI BELLA		
	(Typed or printed name of person signing)		
PRESIDENT			
_	(Title of person signing)		