## P1200065558

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SECATIANY OF STATE

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## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION: Bella Bay, Inc		
DOCUMENT NU	MBER: P12000065558		
The enclosed Artic	les of Amendment and fee are su	bmitted for filing.	
Please return all con	rrespondence concerning this ma	tter to the following:	
	Pamela McEleny		
		Name of Contact Person	1
	Bella Bay Inc		
		Firm/ Company	
	9820 121st St	1 7	
		Address	
	Seminole, FL 33772		
		City/ State and Zip Code	2
		, , , , , , , , , , , , , , , , , , ,	
Dr	nceleny@gmail.com	10	
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	tion concerning this matter, pleas	se call:	
Pam Mceleny		727 at (	656-2505
Nan	ne of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D P	Tailing Address  Immendment Section  Division of Corporations  O. Box 6327  Fallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Bassee, FL 32301

## **Articles of Amendment**

	to	crow Fil Co
, .	Articles of Incorporation of	DIVISION OF FOREMAL ID
Ro	110 Boy To	15 NOV -9 PM 4: 0:
(Name of Cor	poration as currently filed with the Florida	a Dent. of State)
( <u>ane sr su</u>	01000015558	> Total Guide
(	Document Number of Corporation (if known)	)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporat	tion adopts the following amendment(s) t
If amending name, enter the new name of	the corporation:	
		The new
ame must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A professional co	ncorporated" or the abbreviation
. Enter new principal office address, if app	Caitlin MoEleny	
Principal office address MUST BE A STREE		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
. If amending the registered agent and/or r new registered-agent and/or the new regis	egistered office address in Florida, enter the stered office address:	ne name of the
	yered office undiress.	
Name of New Registered Agent		
	(Florida street address)	
	(Fiorial street dairess)	
New Registered Office Address:	(City)	, Florida (Zip Code)
	1003)	(Sip Colley
ew Registered Agent's Signature, if changi	ng Registered Agent:	
hereby accept the appointment as registered a	gent. I am familiar with and accept the obli;	gations of the position.

Signature of New Registered Agent, if changing

## 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= Trustec; 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	<u>PT</u> <u>Jo</u>	<u>shn Doe</u>	
X Remove	<u>V</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	S	Caitlin McEleny	9820 121st St
<u>×</u> Add			Seminole, FL 33772
Remove			
2) Change			
Add			
Remove			
3) Change			
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4) Change			
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If an amendment provides for an excl provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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	11/4/15 option:	, if other than
late this document was signed.		missone Facto
Effective date <u>if applicable</u> :		WVISION GREEN UP
• ,	(no more than 90 days after amendment file date)	15 NOV -9 PM ILL
ote: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, that artment of State's records.	is date will not be listed as
doption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendm icient for approval.	nent(s)
	oved by 'he shareholders through voting groups. The following sta ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopaction was not required.	ted by the board of directors without shareholder action and sharel	holder
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	er
11/4/15 Dated		
	I and a d	
Signature 2	rela Malery	<u> </u>
	ector, president or other officer—in directors or officers have not be by an incorporator—if in the bands of a receiver, trustee, or other	
	d fiduciary by that fiduciary)	
F	Pamela McEleny	
_	(Typed or printed name of person signing)	
F	President	
<u> </u>	(Title of person signing)	