118000254574

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	dress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	TIAW [MAIL.
(Bu	isiness Entity Nai	me)
(Do	ocument Number)
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COVER LETTER

TO: Registration Division of C			
CUDIECT.	BELLA D'VAH C	OUTURE LLC	
SUBJECT:	Name of Lim	ited Liability Company	
	of Amendment and fee(s) are sub	-	
		Latisha Mims	
		Name of Person	
	BELL	A D'VAH COUTURE LLC	
	·	Firm/Company	
	1200 E	Brickell Ave Ste 1950 #108	
		Address	· · · · · · · · · · · · · · · · · · ·
	Mi	ami, FL 33131	
		City/State and Zip Code	
		lladvah@gmail.com	
For further information	n concerning this matter, please c	to be used for future annual report noti all:	ncation)
Latis	ha Mims	904 881-6268	
Name	e of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	r the following amount:		
■ \$25.00 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
5.1 PP - 6.1.1		Canada A. J. 3	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

BELLA D'VAH COUTU	JRE LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea nability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL18000254574	were filed on	10/30/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company h	ere:	
BELLA D'VAH ENTERPRISES LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company, the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	1200 Brickell A	Ave Ste 1950 #108 Mian	ni, FL 33131
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:		Ave Ste 1950 #108 Mian	
Name of New Registered Agent:	-	<u></u> .	
New Registered Office Address:	Entar ble	onda street address	
	timer r w	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City		To Tap Codes
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agrouply agent and complete provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in	Chapter 605, F.S. Or	r, if This do co ment is

If Changing Registered Agent, Signature of New Registered Agent

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
			🗆 Add
			□Remove
		 	□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
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	· · · · · · · · · · · · · · · · · · ·	<u></u>	
			□ Remove
		···	□Change
			□Add
			□Remove
			□ Change

If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
- · · ·		
		
 		
		
	. <u></u>	
If an effecti Note: If t	date, if other than the date of filing:	
e record spord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	r the
Dated	September 03 2021	
	<u> </u>	
	Signature of a member or authorized representative of a member	
	Latisha Smith	

Filing Fee: \$25.00