## 123000241524

(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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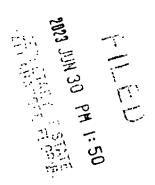
Office Use Only



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LLC Amena



A. RAMSEY AUG - 22023

TO: Registration Section Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company For further information concerning this matter, please call: The management to be a first of the con-Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee **⋒** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. . Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

Mailing Address:

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

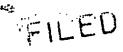
March State of Care

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(additional copy is enclosed)

## ARTICLES: OF AMENDMENT TO ARTICLES OF ORGANIZATION



Bella's Boofing Services LLC 2023 JUN 30 PM 1:50
(Name of the Limited Liability Combany as it now appears on our records.)
(A Florida Limited Liability Company)  SECREMASSEE, FLORES
The Articles of Organization for this Limited Liability Company were filed on $C5/16/23$ and assigned
Florida document number $123000241524$ .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
he new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered
gent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street add oo
Vow 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.

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>	Name	Address Type of Action							
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an ef ote:	fective date is li If the date in	isted, the date mi scrted in this l	ne date of filing ust be specific and block does not n Department of S	l cannot be prior to date a neet the applicable sta	of filing or more than 90 da	(optional) ys after filing.) Pursuant to 605. nts, this date will not be liste
reco is f		delayed effect	ive date, but not	an effective time, at	12:01 a.m. on the earlie	r of: (b) The 90th day after
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			ho	Typed or printed name	<u>Jendez</u>	