L05000024298

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MAY 7 2008

EXAMINER



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BELLA BELLA, L.L.C.		
	ited Liability Company)	
The enclosed Articles of Amendment and fee(s) are sub- Please return all correspondence concerning this matter		ORMAY -7 AMIO: 18 SECULTABLE OF STATE TALLAMASSEE, FLORID
		巴曼克
KEN SAXON CPA		三 型 ムこ
•	(Name of Person)	
		Eq. E
SAXON ACCOUNTI	NG & CONSULTING INC	To be
	(Firm/Company)	927 6
		DE DE
2344 HANSEN LANI	-	
	(Address)	
TALLAHASSEE FL	32301	
-	(City/State and Zip Code)	
For further information concerning this matter, please of	all:	
KEN SAXON CPA	at (850) 942-6151	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for 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)
MAILING ADDRESS: Registration Section	STREET/COURIER Registration Section	R ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 323(

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



BELLA BELLA, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabil	ity Company were filed on 03/10/2005	and assigned
Florida document number <u>L05000024298</u>	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
BELLA MARC LLC	•	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company," the de	esignation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office		ds, enter the name of the new
	•	
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	(Enter Florida street address)	
		Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered as the provisions of all statutes relative to the prop- accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	er and complete performance of my dui ed agent as provided for in Chapter 60 stered office address, I hereby confirm	ties, and I am familiar with and 8, F.S. Or, if this document is
	(If Changing Registered Agent Signate	ure of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

in the state

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** Add Remove Add ☐ Remove Add Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) PLEASE CHANGE THE EIN NUMBER FROM THE INCORRECT NUMBER OF 59-3750643 TO THE CORRECT EIN NUMBER OF 26-2555010 Dated MAY 7 2008 Signature of a member or authorized representative of a member KENNETH M SAXON CPA WITH POA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00