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COVER LETTER

The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Berline Michel (Name of Person) Belle Therapeutics, LLC (Firm/Company) P. O. Box 370/610 (Address) Michel (States and Zip Code) For further information concerning this matter, please call: Berline Michel (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Status Certificate Copy (additional copy is enclosed)	Division of Corporations		
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Berline Miche (Name of Person) Belle Therapeutics, uc (Firm/Company) P.O. Box 370610 (Address) Miami Fl 33137 (City/State and Zip Code) For further information concerning this matter, please call: Berline Michel (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status (Actificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed)	The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Belle Therapeutics, LLC (Firm/Company) P.O. Box 370610 (Address) Miamin FL 33137 (City/State and Zip Code) For further information concerning this matter, please call: Berling Mixed at 305 438-1099 (Name of Person) Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Status & Certificate Opy (additional copy is enclosed)	Please return all correspondence concerning this matter to the following:		
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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Present Name)
(A Florida Limited Liability Company)

The Articles of Organization were filed on FIRST: document number LOGOOO58 SECOND: This amendment is submitted to amend the following:

Filing Fee: \$25.00