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CORPORATION NAME(S) & DOCU	JMENT NUMBER(S), (if known):	i Alic	
BELLIE BUTTON	S, LLC	¬¬	
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Profit Not for Profit Limited Liability Domestication Other		Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal	
OTHER FILINGS	REGISTRATION/QUALIFICATION		
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	Limited Partnership Reinstatement Trademark	

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Company" or their abbreviation "LLC," or "L.C.,")		
cipal office of the Limited Liability Company is:		
Mailing Address:		
SAME		
istered agent are:		
9718 S. W. 146 COURT Florida street address (P.O. Box NOT acceptable)		
FL 33186 Zip		
rept service of process for the above stated limited certificate, I hereby accept the appointment as I further agree to comply with the provisions of all ormance of my duties, and I am familiar with and red agent as provided for in Chapter 608, F.S (REQUIRED)		

(CONTINUED) Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: __ . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Marlene CARUAJAL Typed or printed name of signee Filing Fees:

ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)