

LD6000093701

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan DEC 13 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BELLA FLORA, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KELLY TROTMAN

Name of Person

BELLA FLORA, LLC

Firm/Company

1410 FREDERICK DR.

Address

TALLAHASSEE, FL 32308

City/State and Zip Code

Kellytrotman@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KELLY TROTMAN

Name of Person

at (850) 222-5257

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BELLA FLORA, LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/25/06 and as
Florida document number L06000093701

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

KELLY TROTMAN FLORAL DESIGN, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the
"L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

B. If amending the registered agent and/or registered office address on our records, enter the name
registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

City

Zip Code

New 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each
or Managing Member being added or removed from our records:

er

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
_____	_____	_____	☐ Add
		_____	☐ Rem

_____	_____	_____	☐ Add
		_____	☐ Rem

_____	_____	_____	☐ Add
		_____	☐ Rem

_____	_____	_____	☐ Add
		_____	☐ Rem

_____	_____	_____	☐ Add
		_____	☐ Rem

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC 12 PM 3:07

FILED

Dated

12/8/11



Signature of a member or authorized representative of a member

KELLY S. TROTMAN

Typed or printed name of signee