

LO1000101272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

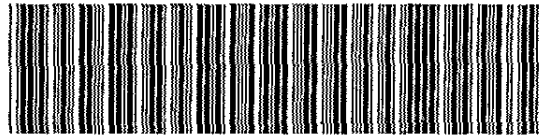
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bella Production & Design LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Karla Mitchell

(Name of Person)

Bella Production & Design LLC

(Firm/Company)

38029 Island Club Dr.

(Address)

Tallahassee FL 32314

(City/State and Zip Code)

For further information concerning this matter, please call:

Karla Mitchell

(Name of Person)

at

(352) 343-8776

(Area Code & Daytime Telephone Number)

### STREET/COURIER ADDRESS:

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

### MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:

Bella Production + Design LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☐ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Remove Jerome Mitchell and replace  
with Karla Mitchell as Manager/Member

Dated: 10/9/07 October 9, 2007



Signature of a member or authorized representative of a member

Jerome Mitchell

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

2007 OCT 12 PM 4:27  
SECRETARY OF STATE  
OF FLORIDA RECEIVED

FILED