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(Re	equestor's Name)	
, (Ac	idress)	
(Ac	Idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



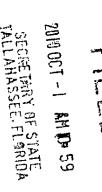
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T. CLINE

OCT - 4 2010

EXAMINER



COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: MA NG G		ited Liability Company)	
	mendment and fee(s) are sub	_	
Please return all correspon	dence concerning this matter	to the following:	
	Post Formation Filing	(Name of Person)	
		(, tanto or topany	
•	MyCorporation	(Firm/Company)	
	23586 Calabasas Ro	d., Suite 102 (Address)	
	Calabasas, Californi	a 91302 (City/State and Zip Code)	
For further information co	ncerning this matter, please c	•	
Post Formations (Name of	`Person)	at (<u>877</u>) <u>692-6772</u> (Area Code & Daytime Tele	phone Number)
Enclosed is a check for the	e 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)
Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ASSET

23586 Calabasas Rd. Suite 102 Calabasas, CA 91302 Toll-Free, 888-692-6778 | Fax: 818-879-8005 Email: customerservice@mycorporation.com

ROUTINE SERVICE FILING REQUEST

September 15, 2010

Division of Corporations Florida Department of State Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Amendment: MA NG GU DESIGN LLC

Ladies and Gentlemen:

Please find enclosed for filing amendment documents for the above referenced entity.

Also enclosed is a check for filing fees.

Please return the filed documents to the address below.

Thank you for your assistance.

Sincerely,

My Corporation 23586 Calabasas Rd., Suite 102 Calabasas, California 91302 20 MOCT - I MID 59

PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO THE POST FORMATIONS DEPARTMENT AT 877-692-6772.

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

	A NG GU DESIGN LLC			
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now apper orida Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liabi	lity Company were filed on	01/15/2010	and assigne	d
Florida document number <u>L10000005687</u>	·			
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	e limited liability company ho	ere:		
Bello Lifestyle LLC				
The new name must be distinguishable and end with the L.L.C." B. If amending the registered agent and/or				
registered agent and/or the new registered office	e address here:	our records, enter t	ne name or ta	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	a to be a self-section of		20 HO OCT SECINE	13 white of
Name of New Registered Agent:			子的 日	
	· ·		- S	-
New Registered Office Address:		Enter Florida street add		F
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_		, Florida	25 8	
	(City)		(Zip Gode)	
.	•		·	
New Registered Agent's Signature, if changing Reg	istered 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 Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = i	anager Managing Member _,		
<u>Title</u>	Name	Address	Type of Action
	***************************************		Add Remove
			Remove
	·		Add Remove
			Add Remove
	·		∏Add
			Remove
			Add Remove
			Kemove
			Add Remove
D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_			
_			SF STAT
_			_
Dated	9 21 10	/)	
	Signature of a member or	authorized representative of a member	
	Jorge Be	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00