L10000006232

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
_	_	_
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
	•	
Special Instructions to	Filing Officer:	
I		:

Office Use Only



800184008488

08/25/10--01005--011 **25.00



J. BRYAN

AUG 2 5 2010

EXAMINER

COVER LETTER

Division of Co	orporations				
SUBJECT:	BEL	LABUM LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles o	of Amendment and fee(s) are su	bmitted for filing.	4.0 6		
Please return all corresp	oondence concerning this matte	r to the following:	FILED WII. 39 AMELIAND SEEL, FLORIDE		
	NICO	LE MICHELLE DAULTON			
		Name of Person			
	BELLABUM LLC				
	Firm/Company .				
	2336 MESSENGER CIRCLE				
	Address				
	SAF	ETY HARBOR, FL 34695			
	City/State and Zip Code				
	NICOLE@NICOLEMATERNITY.COM E-mail address: (to be used for future annual report notification)				
		•	incation)		
or further information	concerning this matter, please of	call:			
NIC	OLE DAULTON	at (_727_)	642-5799		
Name	of Person	Area Code & Dayti	me Telephone Number		
inclosed is a check for	the following amount:				
2 \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section

TO:

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**

	SELLAB			
(<u>Name of the Limited Liab</u> (A Flor	oility Compar ida Limited L	<mark>ny as it now appears on</mark> Liability Company)	our records.)	
The Articles of Organization for this Limited Liabili Florida document numberL1000006232		were filed on	01/18/2010	and assigned
This amendment is submitted to amend the following A. If amending name, enter the new name of the	-	ility company horo	ALLA	FILED MIN
A. If amending name, enter the new name of the	milited liab	mty company nere.		THE BE
The new name must be distinguishable and end with the "L.L.C."	words "Limi	ted Liability Company,"	the designation "L	LC' no the abtracviation
Enter new principal offices address, if applicable:		2336 MESSENGER CIRCLE		
(Principal office address MUST BE A STREET AL	DDRESS)	SAFETY HARBOR, FL 34695		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2336 MESSENGER CIRCLE SAFETY HARBOR, FL 34695		
B. If amending the registered agent and/or re registered agent and/or the new registered office a			records, <u>enter t</u>	he name of the new
Name of New Registered Agent: N	ICOLE DA	ULTON		
New Registered Office Address: 23	336 MESSENGER CIRCLE Enter Florida street address			
	SAFF	ETY HARBOR		34695
	UAI L	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Regis	tered 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. Thereby contirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent

Page 1 of

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	SCHOENBAUM, ADAM	1715 N WESTSHORE BLVD SUITE 925	Add Z Remove
		TAMPA FL 33607	Add
			Remove
			Add Remove
			Add Remove
			Add Remove
alica companya ana pangangan pan			Add Remove
D. If amend	ding any other information, enter cha	inge(s) here: (Attach additional sheets, y'necessa	
***************************************			FLORIA:
			DE O
	(19/2010		·
	Signature of a men	her of authorized representative of a member NICOLE DAULTON bed or printed name of signee	
	1)1	oca or primea name or signee	

Page 2 of 2

Filing Fee: \$25.00