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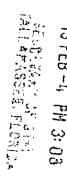
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## **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SUBJECT: K BELLA DESIGNS, 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:

Kristine E. Vilga Name of Person
K Bella Designs, LLC
Firm/Company
13289 St. Tropez Circle
Address
Palm Beach Gardens, Fr 33410
City/State and Zip Code
Stacy kabooks @ gmail.com  E-mail address: (to be used for the grean nual report notification)
E-mail address: (to be used for their annual report notification)

For further information concerning this matter, please call:

Kristive Vivga at (S61, 379-9104)

Name of Person 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

K Bella Designz LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>L11000034203</u> .	on March 21,2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
K Bella Designs LLC	
The new name must be distinguishable and end with the words "Limited Liability "L.L.C."	Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	7.5 <del>Π</del> 7γ.
(Principal office address MUST BE A STREET ADDRESS)	
	GANGE TO THE STATE OF THE STATE
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
City	7in 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 Manager or Managing Member being added or removed from our records:

MGR = M MGRM =	MGR = Manager MGRM = Managing Member			
Title	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
		<u> </u>		
			Add	
			Remove	
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			Add	
			Remove	
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			Add	
			Remove	
			_	
			Add	
			Remove	

. If	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	January 29/, 2013
	Harri Bru
	Signature of a member or authorized representative of a member
	Kristine E. Virga Typed or printed name of signee
	Types of printed hand of Signed

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Filing Fee: \$25.00