L11000117980

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
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B. BOSTICK

FEB 1 5 2012

EXAMINER

COVER LETTER

Division of Co		3	
SUBJECT:	IT'S IN	THE BAG LLC	
		ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Picase return all corresp	ondence concerning this matter	to the following:	
	MAF	RK LEOPIN - MANAGER	
		Name of Person	
BELVAH COLLECTION LLC			
		Firm/Company	
		P.O. BOX 838	
		Address	TO TO
		HELENA, AL 35080	
		City/State and Zip Code	(C)
	E-mail address: (hts4097@att.net to be used for future annual report notifica	ation)
For further information	concerning this matter, please of	all:	ntion)
M	ARK LEOPIN	at (_205 _{.)} 6	64-8040
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 Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	LING ADDRESS:	STREET/COURIE	R ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IT'S IN THE BAG LLC

(Name of the Limited L	iability Company as it now appellorida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liab Florida document numberL110001179		OCTOBER 14, 201	1 and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company h	<u>iere</u> :	
BEI	VAH COLLECTION LLC		
The new name must be distinguishable and end with 'L.L.C."	the words "Limited Liability Con	npany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applical	ole:		
(Principal office address MUST BE A STREET	ADDRESS)	79.7 124.7 174.7 174.7 174.7 174.7 174.7	WOTER MANAGEMENT
Enter new mailing address, if applicable:			-1713
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		<u>υ</u> υ
B. If amending the registered agent and/or registered agent and/or the new registered offi		n our records, <u>enter t</u> l	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:	6419 NEWBERRY RD, S		
		Enter Florida street addi	
	GAINESVILLE	, Florida	32605
	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 Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM =	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			T Damarra
			□ Domovo
	<u></u>		□ Domovo
			Damova
			
	<u> </u>		Remove
D. If amen	nding any other information, enter c	hange(s) here: (Attach additional sheets	s, if necessary.)
- -			12 EB
Dated	FEBRUARY 09	2012	
	Signature of a mo	sember of authorized representative of a mem	
	Signature of a file	MARK LEOPIN	
	· 1	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00