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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers DEC 04 2014

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Bellebrations Franchising, 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:

Scott P. Weber

Name of Person

Scott Phillip Weber, P.A.

Firm/Company

3709 W. McKay Avenue

Address

Tampa, FL 33609

City/State and Zip Code

sheila@franchiselegalsolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Weber

at ( 813 ) 337-6652

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

**Bellebrations Franchising, LLC**

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 19, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Scott P. Weber  
\_\_\_\_\_  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA