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SECRETARY OF STALE BIVISION OF CORFORATION

C. LEWIS NOV 2 1 2012 EXAMINER

COVER LETTER

TQ: Registration Section Division of Corporations
SUBJECT: Labelle Hell 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:
Pavan pediredla
Name of Person
Firm/Company
9907, Tree Tols Lake Rd
Tampa FL-33626 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (813) - 504 -0001 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & 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

FILED SEGRETARY OF STATE DIVISION OF CORPORATION:

2012 NOV 20 PH 12: 55

Jabelle Hell	LCC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our da Limited Liability Company)	records.)	
		and assigned	
Florida document number <u>L 1200061</u>	703		
This amendment is submitted to amend the following	g:		
Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the o	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(D. C. L. MUCH DE ACEDITE ADDITION			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		
	4		
		ords, enter the name of the new	
Name of New Registered Agent:			
	Enter Flori	da street address	
	Cl.	, Florida	
	City	гір Соае	

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 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 Address **Type of Action** Name Title Elona Filoai Mum Remove Remove Remove

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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		- 青蜡
		- 20 %
		_ 2
ated _	11-14-,2012.	
	- haralun	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00