

L12000151043

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(Business Entity Name)

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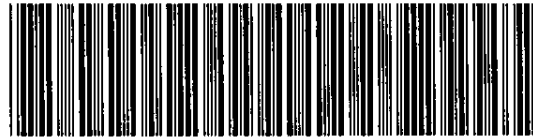
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LaBelle Bridal, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jessica Denning
(Contact Person)

LaBelle Bridal, LLC
(Firm/Company)

443 W. Hickpochee Ave.
(Address)

LaBelle, FL 33935
(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica Denning at (863) 342-8288
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

FAX COVER SHEET

LaBelle Bridal, LLC
443 W. Hickpochee Ave.
LaBelle, FL 33935
Phone: (863) 342-8288
Fax: (863) 342-8257

Send to: Department of State	From: Jessica Denning
Attention: Buck Kohr	
Date: 1/25/2013	
Fax Number: (850) 245-6030	
Phone Number: (850) 245-6914	

- ☐ Urgent
- ☐ Reply ASAP
- ☐ Please comment
- ☐ Please review
- ☐ For your information

Total pages, including cover: 5

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TALLAHASSEE, FLORIDA

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13 JAN 28 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LaBelle Bridal, LLC

Name of Limited Liability Company

FILED
13 JAN 28 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jessica Denning

Name of Person

LaBelle Bridal, LLC

Firm/Company

443 W. Hickpochee Ave.

Address

LaBelle, FL 33935

City/State and Zip Code

labeledbridal@aol.com

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

For further information concerning this matter, please call:

Jessica Denning

Name of Person

863 342-8288

at ()

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**

LaBelle Bridal, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/3/2012

and assigned

Florida document number L12000151043

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Gumlai Phillips	1743 Caloosa Estates Ln.	<input type="checkbox"/> Add
		LaBelle, FL 33935	<input checked="" type="checkbox"/> Remove
MGRM	Jessica P. Denning	1743 Caloosa Estates Ln.	<input checked="" type="checkbox"/> Add
		LaBelle, FL 33935	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated January 25, 2013

Signature of a member or authorized representative of a member

Jessica Denning

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00