L13000 1103704

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number))
Certified Copies		
Special Instructions to F	iling Officer:	
		i

Office Use Only



100253954421

12/04/13--01010--001 **25.00

2018 DEC -4 AH IO: 59

DEC 0.2 5013

COVER LETTER

TO:

Registration Section
Division of Corporations

HIR IFCT.

ARTICLES OF AMENDMENT

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:

ANA M LEON

Name of Person

TAMPA MULTISERVICES INC

Firm/Company

2722 W TAMPA BAY BLVD STE A

Address

TAMPA FL 33607

City/State and Zip Code

TAMPAMULTISERVICES@HOTMAIL.COM

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

For further information concerning this matter, please call:

JOHAN PATINO

,,813,361*-*7846

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)

CF CO

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

(Name of the Limited		any as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited L Florida document number <u>L13000163704</u>	Liability Compar	ny were filed on 11/21/2013	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	ability company here:	
BELLE NATURAL JEWELRY, LLC			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lii	mited Liability Company," the desig	
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STREET ADD			
			52 L
			ne a m
Enter new mailing address, if applicable:		N/A	<u> </u>
(Mailing address MAY BE A POST OFFICE	E BOX)		<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of	· ·		enter the name of the n
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida s	treet address
			orida
		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 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:

or Manag	ging Member being adde	d or removed from our records:	
MGR = N MGRM =	Manager = Managing Member		
Title	Name	Address	Type of Action

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			_
			_
			Remove
			Add
			Remove
			-
		79 () 79 () 17 ()	Add
		FALLAHASSEE FLORIDA	Remove
		men men	AH (1)
		RIU'V SIU'V	AH DO S
			Remove
			Remove
			Add
			Remove
			, Kemove

lf a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	NOVEMBER 26TH 2013
	TOHAN FATINO
	Signature of a member or authorized representative of a member
	JOHAN PATINO
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

2010 OEC -4 AH 10: 59