## L14000/12267

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## **COVER LETTER**

TO: Registration	Section		به ا
	Corporations		
Division of	corporations		
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SHRIFCT	DELLAS C	MUSET (	ONSIGNMENI LL
DODGECT.		Name of Limited Lial	DNSIGNMENT, LL  pility Company
		runie or isinited isid	Sincy Company
Dear Sir or Madam:			
Don't Dir Or Maddin.			
The enclosed Stateme	ent of Correction and fee(s)	are submitted for filin	ø
The enclosed blatem	an or correction and recta,	are additited for fills	, b.
Please return all corre	espondence concerning this	matter to the followin	g:
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	Firm/Company		_ ,
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	City/State and Zip Code		
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in the	f closet @ yr	nail com	
E-mail address	to be used for future about	al report notification)	_
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For further information	on concerning this matter, p	lease call·	
Tor idialer information	m concerning this matter, p	nease can.	
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Mada	V/A	at (904	514-2166
National Nat	me of Person	Area Code	514-2166  Daytime Telephone Number
1144	10 01 1 013011	71104 0040	Daytino Telephone Ivanicei
STREET/COURIE	R ADDRESS:		MAILING ADDRESS:
Registration Section			Registration Section
Division of Corporati	ions		Division of Corporations
Clifton Building			P.O. Box 6327
2661 Executive Center	er Circle		Tallahassee, Florida 32314
Tallahassee, Florida			
,			
Enclosed is a check	for the following amount:		
	/		
□ \$25 Filing Fee	\$30 Filing Fee &	□ \$55 Filing Fee &	□ \$60 Filing Fee,
Ŭ	Certificate of Status	Certified Copy	Certificate of Status &
		1 4	Certified Copy
			1,5
CR2E062 (2/14)			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELLA'S CLOSET CONS  (Name of the Limited Liability Compa (A Florida Limited I		FEB 2
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000112267</u> This amendment is submitted to amend the following:		3 Passigned 3 Passigned 3 PATE 5 FLORIDA
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limited Liab	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2925 Dickinso	n Rd
(Principal office address MUST BE A STREET ADDRESS)	Jackson viller	fi 32216
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	1
	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 605, 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 r mending 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" **Type of Action Title Name Address** REBECCA WEAVER 1244 BELMONT TERRACE DAdd MGR MOR CINDY MONTALTO 2925 DICKINSON ROAD WAD TACKSONVILLE FL 32216 Remove □ Add ☐ Remove □ Add ☐ Remove

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ective effecti date th	Signature of a member or authorized representative of a member
late th	is document is filed by the Florida Department of State)

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