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COVER LETTER

TO: Registration Section ' Division of Corporations
SUBJECT: Bella Couture 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:
SANDRA Milena Huertas Name of Person
Bella Couture LLC Firm/Company
4150 NW 79 AUE Ste IF
MIAM, FL 33166 City/State and Zip Code Sandra Dirre 270 Icloud. (Om E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SANDRA HUERTAS at 305, 9726090 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ 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

Delli	oture	LCC			
(Name of the Limite	ed Liability Company (A Florida Limited Lia	as it now appears on our ability Company)	records.)	-	
The Articles of Organization for this Limited Li Florida document number <u>L 15 0000</u> 90	ability Company w	vere filed on 5-2	1-2015	and as	ssigned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabili	ty company here:			
The new name must be distinguishable and contain the wa	ords "Limited Liability	y Company," the designation	n "LI.C" or the abb	reviation "l	L.L.C."
Enter new principal offices address, if applica	able:				
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>		<u> </u>	<u> </u>	φ·
Enter new mailing address, if applicable:			LAHASSE	JUN -9	TATA OF THE PARTY
(Mailing address MAY BE A POST OFFICE I	BOX)		<u>۔۔۔۔۔</u> س		
B. If amending the registered agent and/	or registered offi	ice address on our r	:>	AM 8: 33 G	of the ne
registered agent and/or the new registered of			ecords, <u>enter i</u>	ile iluine	or the ne
Name of New Registered Agent:	SANDA	LA Milena NW 79 AUE	HUERTAS	<u>S</u>	
New Registered Office Address:	4150	NW 79 AUE	Ste	LF_	
	Miami	Enter Florida stree		331	66.
		City		Zip Code	,
Name Designational Assertly Signature if changing D	Pagistared Agants				

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> Type of Action **Address** 4150 NW 79 AVE Ste IF Add Sanora Milena ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add · ☐ Remove ☐ Change □ Add ☐ Remove _□ Change

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00