L15000103494

(Red	questor's Name)	<u> </u>
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP		MAIL
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(Doc	cument Number)	·
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer;	

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T. MATTHEWS

DEC 16 2021

COVER LETTER

TO: Registration Se Division of Cor		•	ŕ
Antobells, I	LLC	,	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Carolina T. Bravo		
		Name of Person	
	Antobells, LLC		
		Firm/Company	
	851 Gairtoch Lane		
	***	Address	
	Fort Pierce, FL 34947		
		City/State and Zip Code	
	karotbravo@gmail.com		
		to be used for future annual report no	ufication)
For further information c	oncerning this matter, please c	all:	
Carolina T. Bravo		561 290-3900 at ()	
Name o	f Person		me Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u> Registration !		Street Address: Registration S	ection
Division of C	lorporations	Division of Co	prporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monr	Tallahassee oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 050 -6 PH 3: 25

Antobells, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Jability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 06/15/2015	and assigned
lorida document number 1.15000103494		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the abb	oreviation "L.L.C."
nter new principal offices address, if applicable:	851 Gairloch Lane	
Principal office address MUST BE A STREET ADDRESS)	Fort Pierce, Fl 34947	
inter new mailing address, if applicable:	851 Gairloch Lane	
Mailing address MAY BE A POST OFFICE BOX)	Fort Pierce, FL 34947	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name</u>	e of the new regist
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 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	
AAIDD -	Authorized	11

AMBR = Authorized Member

•	c. 25	•
21050-6	bil 2. 5	
216		

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Carolina T. Bravo	851 Gairloch Lane, Fort Pierce, FL 34947	🗆 Add
			Remove
			[]Change
MGR Veronica Riofrio	Veronica Riofrio	851 Garoloch Lane, Fort Pierce, FL 34947	= Add
			□Remove
			Change
			DAdd
			□Remove
			□Change
			🗆 Add
			□Remove
···-··			□Add
		<u>.</u>	□Remove
			ClChange
			🗆 🗅 Add
			□Remove
			□Change

Please include EIN# 81-2567687	17 St. 52
mending any other information, enter change(s) Please include EIN# 81-2567687	21 (25)
	
	
0/115/	2015
ctive date, if other than the date of filing: $\frac{06/15/}{}$	(optional)
	e prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 applicable statutory filing requirements, this date will not be listed as th
iment's effective date on the Department of State's rec	
ord specifies a delayed effective date, but not an effect	tive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
tiled.	
D 1 2 1	
ed December 2nd	······································
	180
	tully.
Signature of Member of	authorized representative of a member
	Carolina T. Bravo
	r printed name of signee

Filing Fee: \$25.00