

U5000144007

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200285545232

05/09/16--01006--009 \*\$25.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY -9 PM 4:55

MAY 10 2016

S. YOUNG

# The Karniewicz Law Group

1406 W. Fletcher Avenue  
Tampa, Florida 33612  
Telephone: (813) 962-0747  
Toll Free: (866) 821-0747  
Fax: (813) 962-0741  
www.tklg.net

Judy Karniewicz, Esq.  
jkarniewicz@tklg.net

May 4, 2016

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: NuBellamora, LLC  
Document No. L15000144007

Dear Sir or Madam:

Enclosed please find for filing the Articles of Amendment to Articles of Organization of ~~Njoy Skincare~~, LLC, along with a check for the filing fee in the amount of \$25.00 made payable to Division of Corporations.

NuBellamora

Sincerely,



Liza Menietti,  
Paralegal

JK:lm  
Enclosures

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY -9 PM 4:55

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NuBellamora, 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:

Judy Karniewicz

\_\_\_\_\_  
Name of Person

The Karniewicz Law Group

\_\_\_\_\_  
Firm/Company

3834 W Humphrey St.

\_\_\_\_\_  
Address

Tampa, FL 33614

\_\_\_\_\_  
City/State and Zip Code

julie@tklg.net

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

For further information concerning this matter, please call:

Judy Karniewicz

813

962-0747

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY -9 PM 4:55

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

NuBellamora, 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 August 21, 2015 and assigned  
Florida document number L15000144007.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

12103 Lake Carroll Drive

Tampa, Florida 33618

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

12103 Lake Carroll Drive

Tampa, Florida 33618

**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:

3834 W Humphrey St.

*Enter Florida street address*

Tampa

, Florida 33614

*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  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Wayne Miller	5127 Lurgan Rd.	<input type="checkbox"/> Add
		Land O'Lakes, FL 34638	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 MAY - 9 PM:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

16 APR -9 PM 4:55  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 7, 2016

*A. Bruce C. Hall*  
Signature of a member or authorized representative of the organization

**Bruce Miller**

Typed or printed name of signee