## U6000124495

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D. SCOTT NOV 1 2016

## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

	Registration Se Division of Cor				
SUBJEC		N BELLES EVENTS AND B	AKERY LLC		
ЗОБЯЕС	· · ·	Name of Lin	nited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		CHRISTIAN WAUGH			
		-	Name of Person		
	WAUGH LAW, P.A.				
			Firm/Company		
		13940 U.S. HWY 441, SU	ITE 906		
Address					ALL
		THE VILLAGES, FL 321	59		題のア
		CWAUGH@WAUGHPA.	City/State and Zip Code		
		<del>-</del>	to be used for future annual report not	tification)	Test ?
For furthe	er information c	oncerning this matter, please c	all:		RIPA RIPA RIPA
CHRIST	IAN WAUGH		352 7500325 at ( )		·
***************************************	Name o	f Person		ne Telephone Number	
Enclosed	is a check for the	he following amount:			
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COUR Registration Secti Division of Corpo		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southern Celles (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 Lia	bility Company v	vere filed on June 29, 2	ol6and_signed
Florida document number L16000124495	<b>·</b>		CR B TI
This amendment is submitted to amend the follow	ving:		TARY TARY TARSE
A. If amending name, enter the new name of t	he limited liabil	ity company here:	PH 2:
The new name must be distinguishable and contain the wor	rds "Limited Liabilit	y Company," the designation	in "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applical	ble:		·
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	8201 SE 180TH STREE OXFORD, FL US 3448	
B. If amending the registered agent and/or registered agent and/or the new registered offi			ecords, enter the name of the new
Name of New Registered Agent:	LINDA S. HAGO	GERTY	
New Registered Office Address:	C/O WAUGH LA	AW, P.A., 13940 U.S. H	WY 441, SUITE 906
		Enter Florida stree	t address
	THE VILLAGES		, Florida <sup>32159</sup>
		City	Zip Code
New Registered Agent's Signature, if changing Re	gistered 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>	Address	Type of Action
MGR CHRISTOPHER DEAN	8201 SE 180TH ST	Add	
	OXFORD, FL 34484	Remove	
		Change	
			Add
			□ Remove
			□ Change
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			FILE D REFERENCE OF REMARKS
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	06/20/2016
ffect	ive date, if other than the date of filing: 00/29/2010 (optional)
an eff	fective 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
iote: ocum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	some series and sin the separation of state services.
t rec	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
1110	. Journally after the record is filed.
	October 27 , 2016
ated	October 18
	Ato to had
	MX/11/1/CD
	Signature of a member of authorized representative of a member
	I I thank for In to all
	/ /#/W/T////////////////////////////////

Page 3 of 3

Filing Fee: \$25.00