## 117000025684

| (Re                       | questor's Name)  |             |
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| PICK-UP                   | ☐ WAIT           | MAIL        |
| (Bu                       | siness Entity Na | me)         |
| (Doc                      | cument Number)   | }           |
| Certified Copies          | Certificate      | s of Status |
| Special Instructions to I | Filing Officer:  |             |
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FILED
17 JUN 13 PH 4: 40
DIVISION OF CORPORATIONS

O SIMMONS JUN 1 4 2017

## **COVER LETTER**

| Div            | ision of Corpo | orations<br>"'                               |   |  |
|----------------|----------------|--|---|--|
| SUBJECT:       | BELLES BAS     |  |   |  |
| SCHOLOT.       |                | Name of Lim                                  | ited Liability Company  |  |
|                |                |  |   |  |
| The enclosed   | Articles of Ar | mendment and fee(s) are sub                  | mitted for filing.  |  |
| Please return  | all correspond | lence concerning this matter                 | to the following:   |  |
|                |                | Cynthia Simmons                              |   |  |
|                |                |  | Name of Person  |  |
|                |                | BELLES BASKETS, LLC                          |   |  |
|                |                |  | Firm/Company  |  |
|                |                | 22 Lake Arbor Drive                          |   |  |
|                |                |  | Address   |  |
|                |                | Palm Springs, FL 33461                       |   |  |
|                |                |  | City/State and Zip Code   |  |
|                |                | info@bellescollections.com                   |   |  |
|                |                |  | to be used for future annual report                                 | notification)  |
| For further in | formation con  | cerning this matter, please ca               | all:  |  |
| Cynthia Simi   | mons           |  | 561 856-6118  | 3  |
|                | Name of Pe     | erson  |   | time Telephone Number  |
| Enclosed is a  | check for the  | following amount:                            |   |  |
| □ \$25.00 Fi   | ling 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) |

TO:

**Registration Section** 

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

| BELLES BASKETS, LLC  |  |   |  |
|--|--|---|--|
| (Name of the Lim   | ited Liability Compa<br>(A Florida Limited | any as it now appears on or<br>Liability Company) | ır records <sub>t</sub> )              |
| The Articles of Organization for this Limited I Florida document number L17000025684         | Liability Company                          | were filed on $\frac{2/1/2017}{2}$                | and assigned                           |
| This amendment is submitted to amend the fol   | lowing:                                    |   |  |
| A. If amending name, enter the new name of   | of the limited liab                        | oility company here:                              |  |
| The new name must be distinguishable and contain the   | words "Limited Liabi                       | ility Company," the designat                      | ion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |  | 22 Lake Arbor Drive                               |  |
| Principal office address MUST BE A STRE  | ET ADDRESS)                                | Palm Springs, FL 334                              |  |
| nter new mailing address, if applicable:<br><u>Mailing address MAY BE A POST OFFICE BOX)</u> |  | 22 Lake Arbor Drive<br>Palm Springs, FL 3340      | di: Allions                            |
| B. If amending the registered agent and registered agent and/or the new registered of        |  |   | records, enter the name of the ne      |
| Name of New Registered Agent:  | Cynthia Simmo                              |   |  |
| New Registered Office Address:   | 22 Lake Arbor                              |   |  |
| <del>_</del>   |  | Enter Florida stre                                | et address                             |
|  | Palm Springs                               |   | , 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.

f Changing Registered Agent Signature of New Registered Agent

Page 1 of 3

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 **Title** <u>Name</u> <u>Address</u> **Type of Action** □ Add □ Remove \_□ Change □ Add \_□ Remove □ Ädd \_□ Remove ☐ Change □ Add \_□ Remove ☐ Change ☐ Add □ Remove

\_□ Change

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|                         |                                      |                                   |                                     |                             |                                       |                    | <u></u>          | <u> </u>           |
| (If an effective        |                                      | date must be spe                  | ecific and cannot                   |                             |                                       | e than 90 days aft |                  |                    |
| Note: If the document's | date inserted i<br>effective date of | n this block do<br>on the Departn | pes not meet the<br>nent of State's | e applicable st<br>records. | atutory filing                        | equirements, th    | nis date will no | t be listed        |
| ·                       |                                      |                                   |                                     |                             |                                       |                    |                  |                    |
| the record              | specifies a c                        | delayed effe                      | ctive date,                         | but not an                  | effective tir                         | ne, at 12:01       | a.m. on the      | earlier            |
| ) IIIE <del>30</del> 11 | ruay arcer t                         | .ne record is                     | s med.                              |                             |                                       |                    |                  |                    |
| Dated                   | W/IZ                                 | 117                               |                                     |                             |                                       |                    |                  |                    |
|                         |                                      | Τλ                                | -                                   | 1                           | l.                                    | •                  |                  |                    |
|                         |                                      |                                   | MCIN                                | 4.                          | DIN                                   | MMM                |                  |                    |
| _                       |                                      | Signat                            | ture of a member                    | r or authorized             | enresentative of                      | a member           |                  |                    |

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Filing Fee: \$25.00