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SECRETARY OF SIGNIONS
DIVISION OF CORPORATIONS

N COOPER JUN 0 6 2018

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Name of Person Area Code Daytime Telephone Number osed is a check for the following amount: 325.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee.		
	Reuven Kagan		
		Name of Person	
	Bellissimo Colors LLC		Address ate and Zip Code for future annual report notification) 1 954 906-8111 1 (
	•	Firm/Company	
	11905 NW 35th Street, U	Jnit 5	
		Address	
	Coral Springs, FL 33065	-2567	
			
	-		estion)
For further information c			Cuiton
Reuven Kagan			
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

Bellissimo Colors 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 06/19/2017 and assigned Florida document number L17000133196 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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.

City

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
AMBR	JBB Management Services Inc	5925 NW 97th Drive, Parkland, FL 33076	□ Add
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Effective date, if other than the date of filing: Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member	· ·					
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Signature of a member or authorized representative of a member	Ki filling					
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	Reuven Kagan					

Page 3 of 3

Filing Fee: \$25.00