

L17000187599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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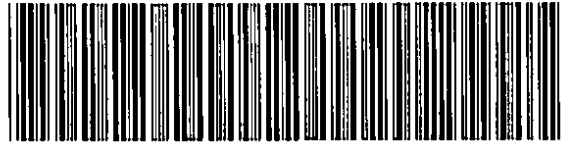
(Business Entity Name)

(Document Number)

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17 DEC 26 PM 12:05

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BELLA NUTRA DIET 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:

SARA ABBOTT

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

BELLA NUTRA DIET LLC

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

803 BOUGH AVE

\_\_\_\_\_  
Address

CLEARWATER, FL 33760

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

BELLANUTRADIET@GMAIL.COM

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

For further information concerning this matter, please call

SARA ABBOTT

941

232-1300

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

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

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

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

Enclosed is a check for the 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)

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

BELLA NUTRA DIET 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 9/1/17 and assigned  
Florida document number 17000187599

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 "L.L.C."

Enter new principal office address, if applicable:

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

803 BOUGH AVE

CLEARWATER, FL 33760

Enter new mailing address, if applicable:

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

803 BOUGH AVE

CLEARWATER, FL 33760

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:

SARA ABBOTT

New Registered Office Address

803 BOUGH AVE

Enter Florida street address

CLEARWATER

Florida 33760

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

17 DEC 26 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>                      |
|--------------|-------------|------------------------|--------------------------------------------|
| AMBR         | LISA DAVIS  | 334 FAIRWAY ISLES LANE | <input type="checkbox"/> Add               |
|              |             | BRADBENTON, FL 34212   | <input checked="" type="checkbox"/> Remove |
|              |             |                        | <input type="checkbox"/> Change            |
| AMBR         | SARA ABBOTT | 803 BOUGH AVE          | <input checked="" type="checkbox"/> Add    |
|              |             | CLEARWATER, FL 33760   | <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            |

[illegible]

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

LECTURE 36.5 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee