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J. HARRIS

COVER LETTER

TO: Registration Sec Division of Corp			
Urban Bella	LLC		
SUBJECT:	Name of Limi	ted Lizbility Company	
The enclosed Articles of .	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Regina Reeves		
		Name of Person	
		Firm/Company	
	10772 NW 12th Manor		
		Address	_
	Plantation, FL 33322		
	reginasmiles49@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please co	aH:	
Regina Reeves		954 6391147 at ()	
Name o	if Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

(<u>Name of the Limited Liability Company as it now appears or</u> (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Noven	
The Articles of Organization for this Limited Liability Company were filed on Nover	
	nber 06, 2017 and assigned
Florida document number 1.17000229317	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	:
Roni Bella LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
C. A	_
Enter new principal offices address, if applicable:	16,270
Principal office address MUST BE A STREET ADDRESS)	
	The second secon
	-
D. A	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	- 4

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>	Address	Type of Action
			Add
			Remove
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Filing Fee: \$25.00