# 11800094487

(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	ļ
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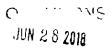
Office Use Only



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## **COVER LETTER**

TO: Registration Section of Corp.					
CUDICCT.	Belly	Bean LLC			
SUBJECT:	Name of Limi	ited Liability Company			
			<u>:</u>	2 2 2 2 3 3 4	2018
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.		1921 1921 1921	Ē
Please return all correspond	dence concerning this matter (	to the following:	:		2018 JUN 27 AM 10: 18
	Cassandra Bean			·,	<u>:</u>
		Name of Person			8
	Belly Bean LLC				
		Firm/Company			
	PO Box 546				
	<del></del>	Address			
	Yulee, FL 32041				
		City/State and Zip Code			
	bellybeanmaternity@gma				
	E-mail address: (t	o be used for future annual report notifi-	cation)		
For further information cor	ncerning this matter, please ca	ill:			
Cassandra Bean		904 329-5541			
Name of I	Person	at () 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 Fil Certificat Certified (additional)	e of Stat Copy	tus &

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 RECEIVED

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Belly Bean LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. Jability Company)	)
The Articles of Organization for this Limited Liability Company lorida document number	were filed on 4/16/2018	and assigned
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or-the abbrication "L.L.C."
Enter new principal offices address, if applicable:	463646 State Road 200 Suite	#53 と T
Principal office address MUST BE A STREET ADDRESS)	Yulee, FL 32097	TO PER D
Enter new mailing address, if applicable:		3. 19 3. 19
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floi	rida
	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

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	Renea L. Wilder	95088 Wilder Blvd.	
		Fernandina Beach, FL 32034	<b>■</b> Remove
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<del>.</del>			
			☐ Remove
			☐ Change
			Add Add
			FECRET RESERVE
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	5/22/018	
ective date, if other than the effective date is listed, the date in	ne date of filing:	(optional) filing or more than 90 days after filing.) Pursuant to 605.02
	block does not meet the applicable statu Department of State's records.	story filing requirements, this date will not be listed
	•	
		fective time, at 12:01 a.m. on the earlier
he 90th day after the re	cora is filea.	
June 22 led	2018	
(h	who Bean	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00