L18000777738

(Requestor's Name)
(requests, 5 ruline)
(Address)
(in the state of
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL

(Business Entity Name)
(Document Number)
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COVER LETTER

Registration Section
Division of Corporations

TO:

	Traveler, LLC	: <i>!</i>	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Thomas Ness		
		Name of Person	
		Firm/Company	
	7297 Duxbury Lane		<u> </u>
	Winter Gardem FL 34787	Address	
		City/State and Zip Code	
	tness2009@gmail.com E-mail address: (to be used for future annual report not	dification)
r further information c	oncerning this matter, please c	all:	
omas Ness		815 6908448 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
losed is a check for the	ne 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 S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee, 1			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 JUN - 1 PH 3: 19 Main Street Traveler 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 12/03/2018 and assigned Florida document number ______L18000277738 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bella Notte & Co, LLC he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 7297 Duxbury Lane inter new principal offices address, if applicable: Winter Garden, FL 34787 Principal office address MUST BE A STREET ADDRESS) 9300 Conroy Windermere Rd #1489 iter new mailing address, if applicable: Windermere, FL 34786 'ailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered nt and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

legistered Agent's Signature, if changing Registered Agent:

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability my has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida _

... amenoing 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 2020 JU!! - PI 3: 19	Type of Action
			🗆 Add
			□Remove
			□Change
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		05/28/2020			
an effective date is list ote: If the date inse	her than the date of filinged, the date must be specific as extent in this block does not date on the Department of	nd cannot be prior to date of meet the applicable star	f filing or more that tutory filing requ	(optional n 90 days after filing trements, this date	g.) Pursuant to 605.020
ecord specifies a de is filed.	elayed effective date, but no	ot an effective time, at 1	2:01 a.m. on the	earlier of: (b) T	he 90th day after the
is riicu.					
May 28		2020			
	Homan In	va ·			
May 28	Human Signature of	2020 member or authorized re	presentative of a magnetic presentative p	ember	