

L19000068909

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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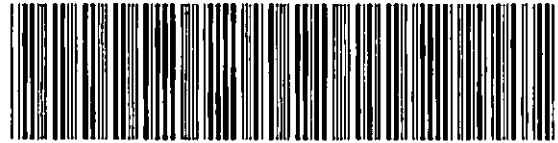
(Business Entity Name)

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3

COVER LETTER

TO: Registration Section
Division of Corporations
 La Belle Divine LLC

SUBJECT: _____
 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:

Robert I. Goldfarb

 Name of Person

Robert Goldfarb, P.A.

 Firm/Company

6100 Hollywood Boulevard, Suite 207

 Address

Hollywood, Florida 33024

 City/State and Zip Code

 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rochelle weissman 954 989-1513

 Name of 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 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 Address:

Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

La Belle Divine 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 March 18, 2019 and assigned
Florida document number L19000068909.

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 offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2019 OCT -2 PM 9:12
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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

_____, **Florida** _____
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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sivan Friedman	3549 JUNIPER LN	<input type="checkbox"/> Add
		DAVIE, FL 33330	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sivan Friedman	3549 JUNIPER LN	<input type="checkbox"/> Add
		DAVIE, FL 33330	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Meir Zaguri	10480 NW 14TH ST	<input type="checkbox"/> Add
		PLANTATION FL 33322	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


For clarification purposes: (1)Sivan Friedman should be removed as both Manager and Authorized Member.

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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.

9/25/2024

Signed by: 
E012F9131

Typed or printed name of signee

Certificate Of Completion

Envelope Id: 7B609C7EE839490AA706612020B83EF5

Status: Completed

Subject: Complete with DocuSign: Articles of Amendment (September 2024).pdf

Source Envelope:

Document Pages: 6

Signatures: 1

Envelope Originator:

Certificate Pages: 4

Initials: 0

Lior Friedman

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2800 NW 125th Street

EnvelopeId Stamping: Enabled

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Miami, FL 33167

lf3549@gmail.com

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couture10261978@gmail.com

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Using IP Address: 207.104.43.79

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Payment Events**Status****Timestamps****Electronic Record and Signature Disclosure**

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You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

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To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at lf3549@gmail.com and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

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To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to lf3549@gmail.com and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

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To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

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- ii. send us an email to lf3549@gmail.com and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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