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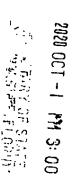
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(Address)
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(City/State/Zip/Phone #)
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0202 6 VON M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Painted Crown Collection 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:
Toni German Name of Person
Bella Barbie Company LLC
718 Stinnett Drive
Ocoee, Flathle City/State and Zip Code Bella bay bie Comman Com E-mail address: (to be used for future annual report potification)
For further information concerning this matter, please call:
Toni German at (401) 867 · 8558 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee,
Mailing Address: Registration Section Street Address: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

tainted Crown Colle (Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L19000084458</u> .	ere filed on March 27,2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability Bella Barbie Company The new name must be distinguishable and contain the words Limited Liability	LLC
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	3: 00 78 00
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	

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.

City

Enter Florida street address

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>	Type of Action
			□Remove
			□ Change
			□Add
			□ Remove
			Clark Color of the
			□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	
	
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Effective date, if other than the date of filing:	
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of ird is filed.	(b) The 90th day after the
Dated September 2, 2020. 1:03 am.	
Dated September 2, 2020. 1:03 am.	
Dated September 2, 2020. 1:03 am. Loni Garman. Signature of a member of authorized representative of a member.	