

L19000151031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2019 AUG 16 AM 10:05
SOUTH CAROLINA
CLERK OF COURT

V. SULKER

AUG 19 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2019

BELLA HOUSE INTERIORS LLC
2840 W BAY DR #213
BELLEAIR BLUFF, FL 33770

SUBJECT: BELLA HOUSE INTERIORS LLC
Ref. Number: L19000151031

We have received your document for BELLA HOUSE INTERIORS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 019A00016104

RECEIVED
2019 AUG 16 PM 12:47

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bella House Interiors, LLC L9000151031

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:

Trisha C-Barahona

Name of Person

Andrea Cecil, LLC

Firm/Company

1421 High Bluff Dr

Address

Largo , FL 33770

City/State and Zip Code

accounts@andreacecil.com

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

For further information concerning this matter, please call:

Trisha C-Barahona

727 504-3970
at ()
Area Code Daytime Telephone Number

Name of Person

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Bella House Interiors, LLC

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>	<u>Address</u>	<u>Type of Action</u>
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Case	Initial	Final	Change
1			<input type="checkbox"/> Add
2			<input type="checkbox"/> Remove
3			<input type="checkbox"/> Change
4			<input type="checkbox"/> Add
5			<input type="checkbox"/> Remove
6			<input type="checkbox"/> Change
7			<input type="checkbox"/> Add
8			<input type="checkbox"/> Remove
9			<input type="checkbox"/> Change
10			<input type="checkbox"/> Add
11			<input type="checkbox"/> Remove
12			<input type="checkbox"/> Change
13			<input type="checkbox"/> Add
14			<input type="checkbox"/> Remove
15			<input type="checkbox"/> Change
16			<input type="checkbox"/> Add
17			<input type="checkbox"/> Remove
18			<input type="checkbox"/> Change
19			<input type="checkbox"/> Add
20			<input type="checkbox"/> Remove
21			<input type="checkbox"/> Change

[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.

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Peter Croizat

Typed or printed name of signee