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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BELLAGSmoke LLC  
Name of Limited Liability Company

RECEIVED  
DIVISION OF CORPORATIONS  
19 NOV 25 AM 9: 02

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kayla Williams  
Name of Person

BELLAGSmoke LLC  
Firm/Company

1445 21<sup>st</sup> St  
Address

SARASOTA, FL 34234  
City/State and Zip Code

Smolheeps@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Wheeler at (941) 806-8292  
Name of Person 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**

BEUAGSmoke LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

RECEIVED  
19 NOV 25 AM 9:32  
CLERK OF THE COURT  
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6-11-19 and assigned  
Florida document number L19000154195.

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 "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)**

**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:

Lori wheeler

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

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>
AP	Lori Wheeler	1445 21 <sup>st</sup> St	<input type="checkbox"/> Add
		Sarasota, FL 34234	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Justin Austin	1445 21 <sup>st</sup> St	<input type="checkbox"/> Add
		Sarasota, FL 34234	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kayla Williams		<input checked="" type="checkbox"/> Add AS Authorized person
		1445 21 <sup>st</sup> St	<input type="checkbox"/> Remove
		Sarasota, FL 34234	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I was made as the Authorized Person instead of the Registered Agent. Kayla Williams should be the Authorized Person and Lori Wheeler is only a registered agent. Justin Austin is not a Authorized person either but only a registered agent but just remove Justin Austin altogether.

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 11-21, 2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Lori Wheeler  
\_\_\_\_\_  
Typed or printed name of agent