9/8/21, 12:41 PM

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PETERSON & MYERS PA

Account Number : I20080000078 Phone : (863)683-6511

Fax Number : (863)688-8099

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dcurls@me.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BELL HOUSE DESIGNS, LLC

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COVER LETTER

	gistration Sec		(((H21000333595 3)))		
Div	Islan of Corp	orations			
SUBJECT:	Bell House	Designs, LLC			
oobule1.		Name of Lim	ited Liability Company		
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please retun	all correspor	ndence concerning this matter	to the following:		
		David A. Miller			
			Name of Person	· -	
		Peterson & Myers, P.A.			
	Firm/Company				
		225 East Lemon Street, Su	ite 300		
			Address		
		Lakeland, Florida 33801			
			City/State and Zip Code		
		deuris@me.com	to be used for future annual report	notification)	
Por further i	nformation co	neerning this matter, please c		in the second	
David A. M	iller		863 683-651		
	Name of	Person	Arca Code Da	ytime Telephone Number	
Enclosed is	a check for th	e following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Ma</u>	iling Address	<u>u</u>	Street Address	<u>8:</u>	

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

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BELL HOUSE DESIGNS, LLC			100	
(Name of the Limited Liability Cor (A Floride Limit	nnany as it now annear ed Liability Company)	s on our records.)	Ęį.	202
	Į.		ا ر ا - حوال ا - ا - ا	SE
The Articles of Organization for this Limited Liability Compa	any were filed on	mary 15, 2020	_and assigned	11-3
Florida document number L20000010564			H	ဏ
This amendment is submitted to amend the following:			<u>, </u>	PH
This antercontent to submitted to union the fonowing.				
A. If amending name, enter the new name of the limited l	iability company be	re:	Ğ.	ယ်
The Jewelry Box of Lakeland, LLC			-	
The new name must be distinguishable and contain the words "Limited L	iability Company," the d	esignation "LLC" or the abbrev	viation "L.L.C."	
Enter new principal offices address, if applicable:			•	
(Principal office address MUST BE A STREET ADDRESS	1			
(Frincipia office address most be A Street ADDRESS)	<u> </u>			
	 -			
Enter new mailing address, if applicable:		<u> </u>	·	—
(Mailing address MAY BE A POST OFFICE BOX)				
	- .	<u>. </u>		
B. If amending the registered agent and/or registered offi	ce address on our re	ecords, <u>enter the name o</u>	f the new reg	istered
agent and/or the new registered office address here:				
Name of New Registered Agent:				—
New Registered Office Address:				
	Enter Flor	ida street address		
		. Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Age	ent:			
I hereby accept the appointment as registered agent and a		canacity I further agree	to comply w	ith the
provisions of all statutes relative to the proper and compl				

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

%o. 0543 P. 4 (((H210003335953)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	Name	Address	Type of Action
			DAdd
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
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			□ Change
			Add
			□Add
			□Remove
			Change
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			Remove

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If nmending any other information	,	, , ,	**
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		<u> </u>	
		<u> </u>	
Effective date, if other than the date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	c does not meet the applicable s	(option of filing or more than 90 days after the statutory filing requirements, this	nal) filing.) Pursuant to 605.026 date will not be listed a
record specifies a delayed effective d d is filed.	ate, but not an effective time, a	1 12:01 a.m. on the earlier of: (b)	The 90th day ofter th
			2021
September 8	2021		2021 SEP
/	Dun Pu	7	5x, =
	andure of a member or authorized	representative of a member	
O.	•	•	

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