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COVER LETTER

TO:

Registration Section

Division of Corporations BLACK AND HUE PAINT & SIP LOUNGE, 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: Tyra Madison Name of Person Firm/Company 5885 Dandelion Lane Address Pensacola, Florida 32526 City/State and Zip Code tyra.madison08@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 850 4500059 Tyra Madison Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60 00 Filing Fee. □ \$55,00 Filing Fee & **≘** \$25,00 Filing Fee ☐ \$30,00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACK AND HUE PAINT & SIP LOUNGE, 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 Com-	pany were filed on $\frac{03/12/2020}{}$ and assigned					
Florida document number L20000081005						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited	l liability company here:					
BELLE COFFEE & WINE BAR, LLC						
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:	<u> </u>					
(Principal office address MUST BE A STREET ADDRES	39 <u> </u>					
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	30 N					
Enter new mailing address, if applicable:						
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(Mailing address MAY BE A POST OFFICE BON)						
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new register</u>					
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 A	gent;					
provisions of all statutes relative to the proper and comp	l agree to act in this capacity. I further agree to comply with toplete performance of my duties, and I am familiar with and to as provided for in Chapter 605, F.S. Or, if this document is affice address. I hereby confirm that the limited liability					

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>	Address	Type of Action
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