## 120000354422

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## **COVER LETTER**

**Registration Section** 

TO:

Division of Co	rporations	•	
Belle Fleur	& Co, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Emanie Coulanges		
		Name of Person	
		Firm/Company	<u>.                                    </u>
	1807 Devra Drive		
		Address	
	Tallahassee, Florida 32303	1	
		City/State and Zip Code	
	Bellefleurandco@gmail.cor  E-mail address: (	n to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Emanie Coulanges		954 995-8228	
Name (	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Belle Fleur & Co, LLC				
( <u>Name of the Limited Liability Compar</u> (A Florida Limited I.	y as it now appears on our records.) lability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 11/09/2020	and assigned		
Porida document number L20000354422				
his amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited liabil	lity company here:			
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)		202		
		<u> </u>		
		4,547. F		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
The state of the s				
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new regis		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	Florid	la		
	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 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>	Name	<u>Address</u>	Type of Action
AR	Emanie Coulanges	1807 Devra Drive Tallahassee, Florida 32303	<b>=</b> Add
			□Remove
AR	Maxime Coulanges	1807 Devra Drive Tallahassee, Florida 32303	🗏 Add
			□Remove
			Add₁ ⊕
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an eff vote:	tive date, if other that Tective date is listed, the date If the date inserted in nent's effective date on	ate must be specific and c this block does not me	annot be prior to date et the applicable s			
recor Lis fi	rd specifies a delayed e iled.	ffective date, but not a	n effective time, at	. 12:01 a.m. on the ea	rlier of: (b) The 90	th day after the
ated	01/04/2021					
aict	V	<u></u>	· · ·			
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Typed or printed name of signee