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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Due Bella Name of Limite	Boutique LLC. d Liability Company
The enclosed Articles of Amendment and fee(s) are subm	itted for filing.
Please return all correspondence concerning this matter to	the following:
Due Bella Bur B	Name of Person Name of Person NE and Avenue
ft. Lai dena	Address Iderdale, FL 3330/ City/State and Zip Code On Urues (a) a0 . Com be used for future annual report notification)
For further information concerning this matter, please call	## 20
Dena Muraes	at 959 294-7005 F
Name of Person Enclosed is a check for the following amount:	Area Code Daytime Telephone Number 20
\$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**

DUÉ BELLA	BOITIONE)	16.
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	-
The Articles of Organization for this Limited Liability Com Florida document number <u>L200003706</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited DUE BELLA The new name must be distinguishable and contain the words "Limited"	BOUTIQUE '	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	0	
Principal office address MUST BE A STREET ADDRES	<u>. </u>	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	·	
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		F 22
	F.nter Florida street address	- 전 2 0
	, Floric	da Zip Code
Form Descriptional Association (C. 1997). The second secon		

New Registered Agent's Signature, if changing Registered Agent:

DUE

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>	Name	Address	Type of Action
· 			□Add
			□Remove
			□Change
			DAdd
			□Remove
			Change
		🗆 Add	
	TA TO THE TANK THE THE TANK TH	Remove	
		70.4 77	C 2 Add
		SSEE, FL	PH 2:1Remove
			□Change
	 		□Add
			□Remove
		□Change	
			□Add
			□Remove
			□ Change

lf amendir	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	I misspelled the word Boutige
	I therefor am changing it to
	oprrect spelling.
	Please use correct spelling
	OF IROUTIONEIL.
	Thank Upu
	Dena Muges
	904-294-700
	denamures@aolcm
<u> </u>	CATIVITIVALES (CO CONCIT)
	7,020 Ta
	2: 20 E. FL
fan effectiv <u>Note:</u> If th	date, if other than the date of filing:
record spe d is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	Dec. 4th, 2020
	-b
	Signature of a member or authorized representative of a member
	Dena Murges
į	Typed or printed name of signee