## 121000054445

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200388879962

08/08/22--01018 -007 -4488.08

2022 JUN -8 PH 6: 11

## COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

BELLEBIJOUX BY KATHIE, 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: Kathie Forgues Name of Person BelleWaist, LLC Firm/Company 4139 NW 88th Ave Address Coral Springs, FL 33065 City/State and Zip Code bellewaistbeads@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kathie Forgues Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: ≡ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee, ☐ \$25.00 Filing Fee □ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street 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 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELLEBHOUX BY KATHIE, LLC			022 ALL			
(Name of the Limit	ed Liability Compa (A Florida Limited	iny as it now appears on our rec Liability Company)	10.00 JUN -8 10.00 JUN -8 10.00 JUN -8 10.00 JUN -8			
The Articles of Organization for this Limited Li Florida document number L21000054445	ability Company	were filed on 2/1/2021	N-8d M 6: 1			
This amendment is submitted to amend the follo	IDA					
A. If amending name, enter the new name of	the limited liab	ility company here:				
BelleWaist, LLC						
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "I	.LC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		4139 NW 88th Ave				
(Principal office address MUST BE A STREE	T ADDRESS)	Coral Springs, FL 33065				
Enter new mailing address, if applicable:		PO BOX 8662				
(Mailing address MAY BE A POST OFFICE BOX)		Coral Springs, FL 33075				
B. If amending the registered agent and/or reagent and/or the new registered office addres	s here:		ter the name of the new registered			
Name of New Registered Agent:	Kathie Forgues					
New Registered Office Address:	4139 NW 88th					
		Enter Florida street ad	dress			
	Coral Springs		Florida <u>33065</u>			
		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.

the hanging 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>	Type of Action
AMBR	Kathie Forgues	4139 NW 88th Ave	≅Add
		Coral Springs, FL 33065	□Remove
			□Change
MGR	Elijah Innis	4138 NW 88th Ave 106	□Add
		Coral Springs, FL 33065	≣Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			Remove

				<u>-</u> -					
					· •• · · · · · · · · · · · · · · · · ·				
<del>*-</del>			<del>,</del>						
<del></del>						· · · · · · · · · · · · · · · · · · ·			
						<u>.</u>			
		<u> </u>		<del></del>					<del></del>
	<u> </u>			·		<u>.</u>		<del></del>	
					<del></del>				—
		· <u>···</u>					<del></del>		
									<del></del>
-									
								·	
If an effective on Note: If the	te, if other the date is listed, the c date inserted in effective date or	late must be spec this block doe.	ritic and can s not meet	inot be prior to the applica				g.) Pursuant te	
e record spec rd is filed.	ifies a delayed (	effective date, b	out not an	effective tin	ne, at 12:01 a.	m, on the earl	ier of: (b) T	he 90th day	after the
Dated	JUNE	]	į ž	2022					
	12313	V/	· _		_ ′			=	
			te of a men	iber or author	ized representa	tive of a memb	er		2022 -
		Δ,		0	-			A Sol	8- NNF 2202 i
								V 12	
_	K	thit F	<u> 1089 L</u>	hed or printed	I name of signe	:e			_ ထ် ုံ
	K	Hhit F	<u>Vrgl</u>	HS ped or printed	I name of signe	ee			N -8 PH 6: 11