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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Bellah Bunni LLC	·
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:	
Oline He Hollis Wright Name of Person	
Bellah Burni LLC Firm/Company	
6415 Mallards Way	
Coconut Cresc, FL 33073 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Redeed Hollis Whigh at (785) 4920841 Area Code Daytime Telephone Number	-
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	tatus &
Mailing Address: Registration Section Street Address: Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ Dollan Bynn, LLC	
(Name of the Limited Liability Company as it now approximately Company (A Florida Limited Liability Company)	pears on our records.) ny)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L21006 [14333</u> .	03/10/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	y here:
The new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- 2
(Principal office address MUST BE A STREET ADDRESS)	- 23
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u>න</u>
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agent and/or the new registered office address here:	ir records, <u>enter the name of the new regist</u>
	ir records, <u>enter the name of the new regist</u>
New Registered Office Address: New Registered Office Address:	ir records, enter the name of the new registor
New Registered Office Address:	

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

f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added</u> r removed from our records: AGR = Manager MBR = Authorized Member <u>`itle</u> Address Type of Action Name UGLY BUNNELLC 4233 W Hillsbord Blud DAdd NGR #970754 (Sconut Gel. FL330)3 Remove ___ □Change NGZ Olinette Hollis-Wright 4233 W Hilk bord Blud WADD #970754 Coconvi Creek A 330 Remove _____ □Change GR Hoderick Hollis-Wright 4233 W Hillstor & Blud Grad # 970754 Compt Creek FL 33073 DRemove □Change Remove □ Change

			
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to de e: If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records.	late of filing or more than e statutory filing requi	(optional) 190 days after filing.) Purements, this date will	rsuant to 605 not be list
cord specifies a delayed effective date, but not an effective time, filed.	, at 12:01 a.m. on the o	earlier of: (b) The 90	oth day afte
ed October 9th 20:23			
Signature of a member or authorize	ed representative of a me	ember	