121000267547

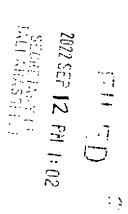
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE DEC - 7 2022				

Office Use Only



300394203253

. 20. 42. Jahrettell - 20.8 (**25.05



TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: National Corporate Headquarters, Inc.

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Tuesday, September 06, 2022

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Articles of Amendment For IDELLA BELLA BOUTIQUE, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

COVER LETTER

Division of Corporations				
consider IDELLA	SELLA BOUTIONE LL	•		
SUBJECT: IDELLA E	BELLA BOUTIQUE, LLO Name of Limi	ted Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Corporate Maintenance Lead			
		Name of Person		
	Processing Department			
	Firm Company			
	1450 Vassar St			
	Address			
		Dona NIV 80502		
	Reno, NV 89502 City/State and Zip Code			
		•		
	E-mail address: ()	to be used for future annual report notific	cation)	
For further information co	oncerning this matter, please ca	all:		
Process	ing Department	at (800) 638-2320		
Name of Person			Telephone Number	
Enclosed is a check for th	ne following amount:			
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fitting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	ING ADDRESS:	STREET/COURIE		

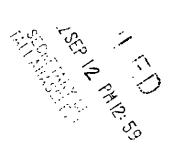
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



IDELLA BELLA E (Name of the Limited Liability Compa (A Florida Limited I		
The Articles of Organization for this Limited Liability Company Florida document number L21000267547	were filed on 06/09/21 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
<u>IDELA BEL</u>	LA, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	6901A N 9TH AVENUE #799	
(Principal office address MUST BE A STREET ADDRESS)	PENSACOLA FL 32504	
Enter new mailing address, if applicable:	6901A N 9TH AVENUE #799	
(Mailing address MAY BE A POST OFFICE BOX)	PENSACOLA	
	FL 32504	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street oddress	
	Florida	
	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 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
			□ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change
			□ Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: N/A (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed.
Dated September 1 2022 Enica Paraz
Signature of a member or authorized representative of a member Erica Perez
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: <u>IDELLA E</u>	BELLA BOUTIQUE, LLO Name of Limi	ted Liability Company			
The enclosed Articles of a	Amendment and fec(s) are sub-	nitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Corpora	ate Maintenance Lea	ad		
		Name of Person			
Processing Department					
	Firm-Company				
	1	450 Vassar St			
		Address			
		Reno, NV 89502			
	City/State and Zip Code				
	E-mail address: (to be used for future annual report notifi	ication)		
For further information e	oncerning this matter, please ca	all:			
Process	ing Department	800 E38 2320			
Processing Department at (800) 638-2320 Name of Person Area Code Daytime Telephone Number			Telephone Number		
Enclosed is a check for the	ne 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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301