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COVER LETTER

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SUBJECT:	La Bella Flo	ora Designs, LLC		
SUBJECT		Name of Lin	nited Liability Company	-
The enclose	d Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Elizabeth Maria Marquez	Olaya	
			Name of Person	
		La Bella Flora Designs, LI	LC	
			Firm/Company	_
		3119 N Indian River Dr		
			Address	
		Cocoa, Fl 32922		
			City/State and Zip Code	
		labellafloradesigns@gmail.		- [8] - 500 } [8]
For further i	ntermation co	E-mail address: (oncerning this matter, please o	to be used for future annual report notification) all:	 20
Elizabeth Maria Marquez Olaya		Olaya	786 222-9808 at ()	
	Name of	Person	Area Code Daytime Telephone Numb	ber [C
Enclosed is	a check for th	e following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
	niling Address		Street Address:	
Registration Section Division of Corporations			Registration Section Division of Corporations	
	D. Box 6327	- '	The Centre of Tallahassee	
Ta	llahassee, F	L 32314	2415 N. Monroe Street, Suite	810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

La Bella Flora Designs, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/01/2021}{1}$ and assigned Florida document number 1.21000304073 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 3119 N Indian River Dr. New Registered Office Address: Enter Florida street address , Florida <u>32922</u> Cocoa 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>	<u>Name</u>	<u>Address</u>	Type of Action
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			Remove
			□Change
			□ Add
			□Remove
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