L21000314142

	(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:
Ī	Office Use Only



600373998666

10/25/21--01047--020 **60.00

FILED 42 2021 OCT 25 AM 10: 42

C. BRUMBLE.

COVER LETTER

Division of Co					
•	LITTLE DELIGHTS, LLC	•			
/BJE C T:	Name of Lin	ited Liability Company			
e enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
ease return all correspo	ondence concerning this matter	to the following:			
	Latoya V Charles				
		Name of Person			
	Dames and the DELIC	HTSi C			
		Firm/Company			
	915 Doyle Road, Suite #30	03. Box #144			
Address					
	Deltona, Fl 32725				
		City/State and Zip Code			
	accounting@bellaslittledeli	ghts.com to be used for future annual report notif	ication)		
or further information c	oncerning this matter, please c				
atoya Gharles		386 243-0010			
Name o	f Person	Area Code Daytimo	: Telephone Number		
nclosed is a check for th	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 Addres Registration S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of T	porations allahassee		
Tallahassee, I	FL 32314	2415 N. Monroe Tallahassee, FL	Street, Suite 810 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BELLA'S LITTLE DELIGHTS, LLC					
	(<u>Name of the Limited Liability Compa</u> (A Florida Limited I.	ny as it now appears on our liability Company)	records.)			
Γhe Arti Florida (cles of Organization for this Limited Liability Company document number 1.21000314142	were filed on July 09, 20	21	and a	ssigne	d
	endment is submitted to amend the following:					
A. If ar	nending name, <u>enter the new name of the limited liab</u> i	ility company here:				
	name must be distinguishable and contain the words "Limited Liabil	in Community William doublewards	n '' I I C''' oe tho ak	heaviation "	110"	
		ny Company, me designado	ii iii.e vi die ac	ince racion	13,1,	
	ew principal offices address, if applicable: at office address MUST BE A STREET ADDRESS)					
Princip	at office address prost BE A STREET ADDRESS;	····		(t) 12 m	2021	
					007	
Enter n	ew mailing address, if applicable:	915 Doyle Road		· · · · · · · · · · · · · · · · · · ·	25	
	g address MAY BE A POST OFFICE BOX)	Suite# 303 Box #144		<u></u>	<u>></u>	in.
		Deltona Fl 32725			<u> </u>	
	nending the registered agent and/or registered office and/or the new registered office address here:	address on our records,	enter the nam	e of the n	ew reg	istere
	Name of New Registered Agent:					
	New Registered Office Address:			 :		
		Enter Florida street	address			
			Florida	Zip Cod		
New Ro	pistered Agent's Signature, if changing Registered Agent:	•				
I hereb provisi accept being f	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete the obligations of my position as registered agent as pled to merely reflect a change in the registered office my has been notified in writing of this change.	ee to act in this capacit performance of my dut provided for in Chapter	ies, and Lam _o : 605, F.S. Or,	familiar w if this do	eith an cumen	rd

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>	Address	Type of Action
MGR	Latoya V Charles	915 Doyle Road	■Add
		Suite #303 Box144	□Remove
		Deltona, Fl 32725	
AMBR	Dave Charles	915 Doyle Road	
		Suite #303 Box144	□Remove
		Deltona, Fl 32725	= Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□Change

-	,					sheets, if necesso		-
-								- →
-								_
-		*****						-
-								-
_					 			-
-								
-								_
-								- -
j-								-
; :			·					_
(If an effe Note:	ective date is liste If the date inser	ner than the dan d, the date must be rted in this block date on the Depar	te of filing: _ specific and can does not meet	not be prior to date the applicable s	of filing or more t tatutory filing red	(option: nan 90 days after fili quirements, this da	ng.) Pursuant to 60	95.0207 (sted as t
	,	laved effective da	ae, but not an	effective time, a	12:01 a.m. on th	e carlier of: (b)	The 90th day aft	er the
f the record	I specifies a del ed.	,						

Filing Fee: \$25.00