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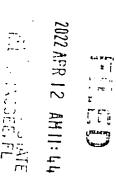
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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

TO:

Registration Section

Division of Co	porations				
Bella Diva	Fitness Training				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Maribel Hayden				
		Name of Person	<del> </del>		
	Bella Diva Fitness Trainia	2			
	<del></del>	FirmeCompany			
	2473 SW Massey Street				
	-	Address			
	Port St Lucie, FL 34953				
		City/State and Zip Code	<del></del>		
	BellaDivaLLC3@gmail.com				
	h-mail address) (	to be used for future annual report notifi	cation)		
For further information of	concerning this matter, please c	all:			
Maribel Hayden		954 479-2593			
Name (	d Person	at () Area Code — Daytime	Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25,00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy gadditional copy is enclosed)		
Mailing Addre Registration Division of C P.O. Box 631 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassec, FL	oorations allahassee Street, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 APR 12 AM 11: 44

## BELLA DIVA FITNESS TRAINING LLC

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

	SEE, FI
ere filed on 7/26/2021	and assigned
ty company here:	
y Company," the designation	"LLC" or the abbieviation "L.L.C."
ldress on our records, <u>e</u>	nter the name of the new registered
Enter Florida street a	iddress
	Florida
Cuy	Zip Code
erformance of my dutie	I further agree to comply with the is, and I am familiar with and 505, F.S. Or, if this document is
	Enter Florida street of Cay

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
AMBR	Yesenia E. Sanchez	2473 SW Massey Street	
		Port St Lucie, FU 34953	□Remove
			□ Change
			□Remove
		<u> </u>	□Remove
			□Change
			□Add
			□Remove
			□Change
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			El Remove
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imetive date, if other than the imethetive date is listed, the date in interest in this locument's effective date on the	e date of filing:  ust be specific and cannot be prior to block does not meet the applicable Department of State's records.	date of filing or more than 90 day le statutory filing requiremen	s after filing.) Pursuant to 605,0207 ( ts, this date will not be listed as t
record specifies a delayed effect is filed.	ive date, but not an effective time	e, at 32:01 a.m. on the earlier	of: (b) The 90th day after the
ated April 8	. 2022		
Mande	Λ		
- Myydd	Signature of a member or authoriz	zed representative of a member	
Maribel Hayden			
	Lyped or printed i	name of Signee	<del></del>

Filing Fee: \$25.00