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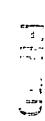
(Re	equestor's Name)	
(Ac	ldress)	
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(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor					
	outure Designs LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub indence concerning this matter				
	Juankah J Seymour				
		Name of Person			
Arebella Couture Designs LLC					
Firm/Company					
	160 W Camino Real #1270)			
		Address		2023	
	Boca Raton FL 33432			2023 HAY	
		City/State and Zip Code		9	
	juankahseymour76@gmail. E-mail address: (com to be used for future annual report r	notification)	:: P	
For further information c	oncerning this matter, please c			PHIZ: 23	
Juankah Seymour		407 4377191		• •	
Name o	f Person	at () Area Code Day	time 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)	Certified	te of Status &	
Mailing Addres		Street Address:			

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Arebella Couture Designs LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Completion of Complete Lie Lie Line Liability Complete Liability Complete Liability Complete Liability Complete Liability Complete Liability Complete Liability Comp	pany were filed on April 2021 and assigned	
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 "L.L.C."	
Enter new principal offices address, if applicable:	160 W Camino Real #1270 Boca Raton FL 33432	
(Principal office address MUST BE A STREET ADDRES.	<u></u>	
Enter new mailing address, if applicable:	160 W Camino Real #1270 Boca Raton FL 33432	
(Mailing address MAY BE A POST OFFICE BOX)		
	PH 12: 2	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the name of the new registered	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	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 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
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			23 Charige
			2823 HAY - 9 Add OF STATE STATE STATE OF S
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			□Add
			□Remove
			Change
			
			□Remove

Typed or printed name of signee