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2022 MAR -7 AM 9: 44
SECRETARY OF STATE
TAIL ANASSEE TAIL

COVER LETTER

TO:

Registration Section

Division of Cor	rporations		•
Monica L. SUBJECT:	Bell LLC		
AUBILOT.	Name of Lin	uited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Monica Bell		
	 -	Name of Person	
	Monica L. Bell LLC		
		Firm Company	
	6406 Pompano St.		
		Address	-
	Jupiter, FL 33458		
For further information e	bellmonica217@gmail.com E-mail address: to oncerning this matter, please c	to be used for future annual report no	tification)
Monica Bell		239 784-1150	
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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		Street Address: Registration Se	ection
Division of Corporations		Division of Co	orporations
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monre	Tallahassee oc Street, Suite 810

Tallahassee, FL 32303

- ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

Monica L. Bell LLC

2022 MAR -7 AM 9: 44

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

SECRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on 10/26/2021 Florida document number L21000464512 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: New Registered Office Address: Enter Florida street address ____, Florida ____ 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
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			🗆 Remove
			TChange
			
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			TChange
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			LJRemove
			Change
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		10/27/2021			
fective date, if other than	n the date of fili	ng:		(optional)	
n effective date is listed, the da <u>ote:</u> If the date inserted in t	te must be specific a his block does not	nd cannot be prior to meet the applicat	odate of filing or more to ble statutory filing re-	han 90 days after filing.) uuirements, this date v	Pursuant to 605,0207 All not be listed as (
cument's effective date on	the Department of	State's records.		,	The first of the first tis
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is filed.					
March 3		2022			
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Typed or printed name of signee