122000162014

(Requestor's Name)
(Address)
(Address)
(1637033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
· · ·
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200398774182

12/19/22--01007--001 **25.00



12/3/2022

COVER LETTER

TO: - Registration Se Division of Cor		A	
SUBJECT:	Bella	Bose & Grace Boutyque ited Liability Company	
	Name of Lim	sited 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:	N
			m
		Tineabdle of Sergono Name of Person Firm/Company	CHIVE'S
		Firm/Company	PH 5: 03
	560 H	tunter Circle	
	Kis	Symmer FL 34758 City/State and Zip Code	
		City/State and Zip Code	
		to be used for future anapal report notification)	
For further information c	oncerning this matter, please ca	all:	
Name o	f Person	at ()	
Enclosed is a check for the	he following amount:		
☑ \$25.00 Fiting Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Addres	: <u>s:</u>	Street Address:	Capaca Ca Capaca Capaca Ca Capaca Capaca Ca Ca Capaca Capaca Ca Ca Capaca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca
Registration 5	Section	Registration Section	لىدائىيا ئىدائىيا
Division of Corporations		Division of Corporations	∯ ₩ ij p=== q
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 817 D	
i miliailaddolog /		Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

2022 DEC 13 PM 5: 14

Bella Rose & Gmce	Bout que	SECRETARY OF STATE
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our reability Company	ecords.)
The Articles of Organization for this Limited Liability Company v	were filed on 04 05	2022 and assigned
Florida document number L22000102014.	·	'
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ly Company," the designation	"L.L.C" or the abbreviation "L.L.C."
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 acagent and/or the new registered office address here:	idress on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	
	City	, Florida
Manus Dandara and Array Charles and the first transfer of transfer of the first transfer of transf		

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 **Title** Name **Address** Type of Action Ineabelle 4-Serrano 560 Hunter Circle DAD KISSIMEL FL 34758 MRemove]Change Manager Insobelle 1. Serrano 560 Hunter Circle MANDE | Kissimmee FL 34758 | Remove _____ □Change □Remove _____ □Change □Remove _____ □ Add _____ □Remove

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
_	
-	
_	
_	
_	
-	
_	
_	
_	
_	
Effectiv	ve date, if other than the date of filing:
Note:	(optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated_	December 13, ,2022.
	Spinature of a member or authorized representative of a member
	Ineubelle U Serrano