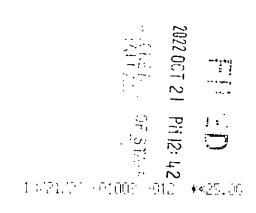
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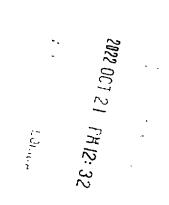
	(Requestor's Name)	
•	(Address)	
·	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Division of Corporations
SUBJECT: BELLA BRIGHT SERVICES LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nabila Aitcheikh
Bella Bright Services
27750 COWDERY STAPT307
Wosley Chapel FL. 33544 City/State and Zip Code atcheikhn 23@amail Com E-mail address: (to be used for future amual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (813) 5696559 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
© \$25.00 Filing Fee
Mailing Address: Registration Section Street Address: Registration Section

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

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELLA	BRIGHT	SERVICE	2022 OCT 21	PH 12: 42
(<u>Name of t</u>	he Limited Liability Co (A Florida Limi	mpany as it now appears ted Liability Company)	on our records.)	DE STAIR
Organization for this Lie	mited Liability Comp	anu wasa filad an	0/11/90	22 and assign

·	ty Company were filed on 10 11 10 2.22 and assigned
Florida document number L 22000	438563
This amendment is submitted to amend the following	ह:
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	:
(Principal office address MUST BE A STREET A	DDRESS)
Part of the second of the seco	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>
B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office address on our records, enter the name of the new registered
agent and of the feet region to offer and control	
Name of New Registered Agent:	
New Registered Office Address:	
Ten regimered orneg rumens.	Enter Florida street address
_	, Florida
	City Zin 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
AMBR Nabila Ait cheikh		27750 Cauchery Stapt 307 Fladd Wesley Charpel FL. 33544	
			□Change
			□Add
			□Remove
			□Change
			□Add
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			Change
			🗆 Add
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			□Change
			🗆 Add
			□Remove
			□Change

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Note: I	e date, if other than the date of filing: tive 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 (The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ton's effective date on the Department of State's records.
the record cord 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 _	NACTORIE KALL Signature of a member or authorized representative of a member
	Nigot cheikh 45
	Nabila Aitcheikh

Filing Fee: \$25.00