

L23 000 001 898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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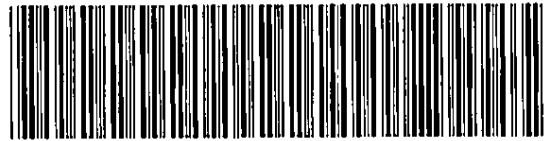
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

BELLA ESTHETIQUE LLC

SUBJECT: _____
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:

DARLEEN RODRIGUEZ HEREDIA

Name of Person

BELLA ESTHETIQUE LLC

Firm/Company

12094 ANDERSON RD APT 171

Address

TAMPA, FLORIDA 33625

City/State and Zip Code

darleen.rodriquez3@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DARLEEN RODRIGUEZ

863 303-7202

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

SECRETARY OF STATE
TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BELLA ESTHETIQUE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/27/2022 and assigned
Florida document number 1.23000001898

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:

(Principal office address MUST BE A STREET ADDRESS)

2255 US HIGHWAY 17 92 N

HAINES CITY, FLORIDA 33844

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12094 ANDERSON RD APT 171

TAMPA, FLORIDA 33625

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:

2255 US HIGHWAY 17 92 N

Enter Florida street address

HAINES CITY

Florida

33844

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALEXANDRA FELICIANO RONDON	9037 AVENUE POINTE CIR-APT 109	<input type="checkbox"/> Add
		ORLANDO, FLORIDA 32821	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MILLY GUTIERREZ	425 BARLYN AVE	<input checked="" type="checkbox"/> Add
		HAINES CITY, FLORIDA 33844	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE FL

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

JANUARY 25 2023

Dated _____,

Don L. Davis, Jr.
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00