## L23000143113

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SECRIFICATION OF STANDARD

## **COVER LETTER**

Nou Bel LI SUBJECT:	LC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Melissa Milfort		
		Name of Person	
		Firm/Company	
	7901 4th St. N STE 14680		
		Address	
	St. Petersburg, FL 33702		
		City/State and Zip Code	
	Melissa.n.milfort@gmail.co		
For further information c	oncerning this matter, please c	to be used for future annual report noti	incation)
Melissa Milfort	· · ·	954 9938255 at ( )	
Name o	f Person		e 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)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address:	

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

TO:

Registration Section
Division of Corporations

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

Nou Bel LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on and assigned
Florida document number L23000193173	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
Nou Bèi Spa LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	7901 4th St. N STE 14680St. Petersburg, FL 337023
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	7901 4th St. N STE 14680St. Petersburg, FL 33702
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</u>
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 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 addedor 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
			□Add
			□Remove
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aati	e date, if other than the date of filing: (optional)
effo te: I	the date, if other than the date of filing:
cord s 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
ed_	May 16 2023 10:50 pn
	Male
	Signature of a member or authorized representative of a member