## L23000193173

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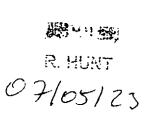




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## **COVER LETTER**

TO: Registration Section Division of Corporations		÷	• •	. 🦛
SUBJECT:	Nou Bèl	LKC.	,	· å
30bjec1:		ited Liability Company		
	Amendment and fee(s) are sub	•		
Please return all correspo	ndence concerning this matter	to the following:		
	Melisso	Miltort		
	N	Name of Person		
	/	Firm/Company	<u></u>	
	7901 4th 5	Frect. N Ste 14	080	(%,) (**))
	St. Peters b	rg FL 33702 eity/State and Zip Code	<u> </u>	
	Melissa.n.m	eity/State and Zip Code  11701+0 moil. ( or to be used for future annual report not	1	PH 5: 27
For further information co	E-mail address: ( oncerning this matter, please c	J	ilication)	27 VIE
Mclissa N	liltor+	at (959) 993	8755	
Name of	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nou Bell	LL	
(Name of the Limited Liability Compan (A Florida Limited L	iy as it now appears on our records lability Company)	<u>,,</u> )
The Articles of Organization for this Limited Liability Company values of Organization for this Liability Company values of Organization for this Organization for this Organization for Organ	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile  Nou Bel Son LiC  The new name must be distinguishable and contain the words "Limited Liabile"		or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		50 100 100
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:	ddress on our records, <u>enter t</u>	27 FEE
Name of New Registered Agent:	N/A	
New Registered Office Address:	N/A Enter Florida street address	
	<b>1</b> 1 ( A	orida N/A

## 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>	Name	Address	Type of Action
AM	$\Delta/\mu$	N/A	□Add
		<del></del>	□Remove
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amending any other information, enter change $N/\hbar$		<u> </u>			_
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Effective date, if other than the date of filing:	N/A		(optional)		
Effective date, if other than the date of filing: _ f an effective date is listed, the date must be specific and can Note: If the date inserted in this block does not meet document's effective date on the Department of State	the applicable statute	ing or more than 90 da ory filing requiremen	ys after filing.) Pu nts, this date wil	rsuant to I not be	605,020 listed a
e record specifies a delayed effective date, but not an rd is filed.	effective time, at 12:0	) I a.m. on the earlie	r of: (b) The 9	Oth day	after th
Dated June 29	2023				
NAOL	uber or authorized repre	sentative of a member			_
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