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| (R | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates of | Status |
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| Special Instructions to | Filing Officer | |
| opecial managers to | Trining Officer. | |
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Office Use Only



11/18/23--01006--011 **30.00

TALLAHASSEE, FLORIDA

2024 JAN -3 PH 3:

COVER LETTER

TO:

Registration Section*

| Division of Corp U & ME DI | VINE BITES LLC | | |
|--|--|---|--|
| SUBJECT: | Name of Limi | ted Liability Company | |
| The enclosed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| | ndence concerning this matter | | |
| rease return an correspon | No. | 0 | |
| | Brunia Beaubrun | | |
| | | Name of Person | |
| | U & ME DIVINE BITES I | .L.C | |
| | | Firm/Company | |
| | 2290 Shoma Drive | | |
| | | Address | · · · · · · · · · · · · · · · · · · · |
| | Royal Palm Beach FL, 33 | 414 | |
| | | City/State and Zip Code | |
| | bbeaubrun@yahoo.com | to be used for future annual report not | (fication) |
| For further information of | oneerning this matter, please c | | |
| | , | 561 350-4288 | |
| Brunia Beaubrun | C.D. | at () Area Code Daytin | ne Telephone Number |
| Name of | Person | Alea Code Dayun | ic receptions values |
| Enclosed is a check for th | ne following amount: | | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration S Division of C | Section | Street Address: Registration So Division of Co | rporations |
| P.O. Box 632 Tallahassee, 1 | | The Centre of ' | Tallahassee oe Street, Suite 810 |

Tallahassee, FL 32303



December 7, 2023

BRUNIA BEAUBRUM 2290 SHOMA DRIVE ROYAL PALM BEACH, FL 33441

SUBJECT: BRUBELLE EXQUISITE CREATIONS

Ref. Number: W23000163916

We have received your document for BRUBELLE EXQUISITE CREATIONS and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 423A00027930

Neysa Culligan Regulatory Specialist III

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 JAN -3 PM 3: 28

U & Me Divine Bites LLC

| (Name of the Limited Liability Cor | npany as it now appears on ou | TALLAHASSEE, FLORIDA |
|---|----------------------------------|---------------------------------------|
| (V. LONGE PHIN | ed Elability Company, | TALLAHASSEE, FLORIDA |
| The Articles of Organization for this Limited Liability Compa | my were filed on | and assigned |
| Florida document number L23000206709 | | |
| This amendment is submitted to amend the following: | | · |
| A. If amending name, enter the new name of the limited 1 | iability company here: | |
| BruBelle Exquisite Creations LLC | | |
| The new name must be distinguishable and contain the words "Limited L | iability Company," the designati | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 2290 Shoma Drive Roy | val Palm Beach FL, 33414 |
| (Principal office address MUST BE A STREET ADDRESS | <u> </u> | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered offi | co address on our records | enter the name of the new registers |
| agent and/or the new registered office address here: | ec address on our records | senter the name of the new registere |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| rew registered office reduced. | Enter Florida stre | et address |
| | | |
| | | , Florida |

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> | Address | Type of Action |
|--------------|-------------|-------------|----------------|
| | | | □Add |
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| | | | □Change |
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| | | | □ Channa |

| I w | ould to change the LLC name from U & ME DIVINE BITES LLC to BruBelle Exquisite Cr | eations. (LC | |
|-------------|--|------------------|--------------------------------------|
| an- | the principal adress should be the same as the mailing addres. | | |
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| | 11-08-2023 | | |
| (If an effe | e date, if other than the date of filing: | filing.) Pursuan | it to 605.0207 (3 be listed as th |
| the reco | rd specifies a delayed effective date, but not an effective time, at 12:01 a 0th day after the record is filed. | a.m. on the | earlier of: |
| Dated 1 | ovember 8 2023 | | |
| Dated_ | | | |

Page 3 of 3

Filing Fee: \$25.00