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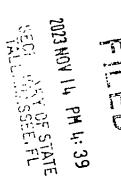
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	gistration Sec ision of Corp			
SUBJECT:		NTAL HOUSE, LLC		
o botto (.		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		HEIDI DANG HOANG		
			Name of Person	
		BELLA RENTAL HOUSE	E, LLC	
Firm/Company 7934 HATHWAWAY DRIVE		Firm/Company		
		IVE		
	Address		Address	
		NEW PORT RICHEY, FL	. 34654	
			City/State and Zip Code	
		TAOHIEN@YAHOO.COM		
		E-mail address: (to be used for future annual report notification)	
For further in	nformation co	ncerning this matter, please ca	all:	
DANNY HO	DANG		415 305 1365 at ()	
	Name of	Person		77
Enclosed is a	a check for the	e following amount:	現象 子 『	
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· · · · · · · · · · · · · · · · · · ·	IAL HO	,	
(Name of the Limite	d Liability Comps A Florida Limited	any as it now appears on our recor Liability Company)	<u>rds.</u>)
he Articles of Organization for this Limited Liability Company orida document number L23000477870		were filed on 10/18/2023	and assigned
his amendment is submitted to amend the follo	wing:		
. If amending name, enter the new name of	the limited liab	oility company here:	
//A			
ne new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designation "LL	
Enter new principal offices address, if applicable:		N/A	TALL SHOW
Principal office address MUST BE A STREET ADDRESS		 	
			PH 4:
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE BOX)			FF 9
. If amending the registered agent and/or regent and/or the new registered office addres		address on our records, <u>ente</u>	r the name of the new registe
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street addr	KES
		F	Rorida
		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.

N/A

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
MGR	HEIDI DANG HOANG	9049 CALLAWAY DR., TRINITY, FL 34655	a Add
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			(\] \[
			□Remove
			Change
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			□Remove
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	11/08/2023	,	optional)	1202
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ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the Does record specifies a delayed. The 90th day after the record.	t be specific and cannot be prior to dock does not meet the applicable epartment of State's records. effective date, but not a	ate of filing or more than 90 days e statutory filing requirements	after filing.) Pursuant to 605.0, this date will not be listed	d as
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Page 3 of 3

Filing Fee: \$25.00