L23000485430

(Requestor's Name)
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COVER LETTER

TO:

TO: Registration Se Division of Cor							
Heidy Bella	LLC						
SUBJECT:	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Heidy Perez Bello						
		Name of Person	<u> </u>				
	Heidy Bella LLC						
		Firm/Company	<u> </u>				
	1101 Embers Parkway W						
		Address					
	Cape Coral, FL 33993						
		City/State and Zip Code					
	infoheidybella@gmail.com						
For further information c	oncerning this matter, please c	to be used for future annual report not all:	iffication)				
Heidy Perez Bello		786 3432998 at ()					
Name o	f Person		ne Telephone Number				
Enclosed is a check for the	he 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:		Street Address: Registration Se	ection				
Registration Section Division of Corporations		_	Registration Section Division of Corporations				
P.O. Box 632	27	The Centre of	Tallahassee				
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEIDY BELLA LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our recored Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Compared Plorida document number $\frac{L23000485430}{L23000485430}$.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_	
Principal office address MUST BE A STREET ADDRESS)		<u>v.</u> ≥
		SECRE
Enter new mailing address, if applicable:		5 T
Mailing address MAY BE A POST OFFICE BOX)		TO TO
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		30 71 10
3. If amending the registered agent and/or registered offic	e address on our records, <u>ente</u>	
gent and/or the new registered office address here:		•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
		lorida
	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 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>	Type of Action
AMBR	Heidy Perez Bello	1101 Embers Parkway W. Cape Coral, FL 33993	= Add
			□Remove
			□Change
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lfan effective Note: If th	late, if other t e date is listed, the e date inserted is s effective date	e date must be speci in this block doe	cific and cannots not meet t	he applicabl	date of filing or e statutory fil	more than 90 cing requireme	_ (options lays after fili ents, this da	al) ng.) Pursuant to ate will not be	605.0207 listed as
e record spe ed is tiled.	ecifies a delayed	l effective date,	but not an ef	fective time	, at 12:01 a.n	ı. on the earli	er of: (b)	The 90th day a	fter the
Dece	ember 11th		,						
				≥/eid	y				
-		617							
-		Signatu	re of a membe	er or authoriz	ed representati	ve of a membe	·		

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