

L240009108120
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : S.LLANIO BUSINESS SERVICES INC
Account Number : I20200000011
Phone : (239)542-9104
Fax Number : (239)540-1760

FILED
2024 MAR - 8 AM 9:52
STATE OF FLORIDA
TALLAHASSEE, FL

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: S.llaniobusiness@gmail.com

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MISABELLA DISTRIBUTOR LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MISBELLA DISTRIBUTOR LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/01/24 and assigned Florida document number L24000108120

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

954 NE PINE ISLAND RD UNIT L

CAPE CORAL FL 33909

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

954 NE PINE ISLAND RD UNIT L

CAPE CORAL FL 33909

FILED 2024 MAR - 8 AM 9:52 TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

KAREL HERNANDEZ CLARO

New Registered Office Address:

954 NE PINE ISLAND RD UNIT L

Enter Florida street address

CAPE CORAL

33909

City

, Florida

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.

Handwritten signature of Karel Hernandez Claro

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>	<u>Address</u>	<u>Type of Action</u>
MGR	YARIDA PANADEIROS ALMEIDA	954 NE PINE ISLAND RD UNIT L	<input type="checkbox"/> Add
	([↑] spelling of name)	CAPE CORAL FL 33909	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	KAREL HERNANDEZ CLARO	954 NE PINE ISLAND RD UNIT L	<input type="checkbox"/> Add
		CAPE CORAL FL 33909	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

