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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BELLE VIE HAIR SPALLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
SHAWNA L FEARNELEY Name of Person	
BELLE VIE HAIR SPA LLC Firm/Company	
2533 Gulfbreeze Cr	
Palm Harbor FLORIDA 34683 City/State and Zip Code	
Bellevichairs par Gmail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: SHAWNA L FEARNELEY Name of Person BELLE VIE HAIR SPA LLC Firm/Company 2533 Gulfbreeze Cr Address Palm Harbor FLORINA 34683 City/State and Zip Code Belle Viehair Spa Gmail.com E-mail address: (to be used for future annual report notification)	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	
Registration Section Registration Section	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on ou	r records.)
(A Florida Limite The Articles of Organization for this Limited Liability Compa	ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	iny were filed on <u>08/2</u>	29 / 2024 and assigned
Florida document number <u>L 24000 379069</u> .		A.
This amendment is submitted to amend the following:		૽ૺૢ૽૽ૼૼૼૼૺઌ
A. If amending name, enter the new name of the limited li	ability company here:	
inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here: Name of New Registered Agent:		
Enter new principal offices address, if applicable:		
If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" er new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable: Incipal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable: Incipal office address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2533 Gulf Palm Harb	breeze Cr or FL 34683
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Entar Florida etra	at address
	15mer 1 fortati sire	
	City	Florida Zip Code
Now Desistand Agentle Signature if shanging Degistered Age	nt.	•

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>	Address	Type of Action
MGR	SHAWNA FEARNELEY	Address 2533 Gulfbreeze Cr Palm Harbor FL 34683	D∕Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
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			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change

tive date, if other than the date of filing:(optional)	
ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listement's effective date on the Department of State's records.	.020° ed as
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
filed.	
September 10 2024	
September 10 2024 Shawna & Jeannaley Signature of a member or authorized representative of a member	
SHAWNA L FEARNELEY Typed or printed name of signee	

. . . .