

PO6000077049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

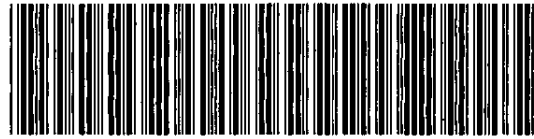
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N/C

TB

1-8-09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Bella Donna Boutique, Inc.

DOCUMENT NUMBER: P06000077049

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mayra Leite

(Name of Contact Person)

Bella Donna Boutique, Inc.

(Firm/ Company)

P.O. Box 172786

(Address)

Hialeah, Florida 33017

(City/ State and Zip Code)

For further information concerning this matter, please call:

Mayra Leite

(Name of Contact Person)

at (786) 973-8411

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2008

MAYRA LEITE
BELLA DONNA BOUTIQUE, INC.
PO BOX 172786
HIALEAH, FL 33017

SUBJECT: BELLA DONNA BOUTIQUE, INC.
Ref. Number: P06000077049

We have received your document for BELLA DONNA BOUTIQUE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 608A00051932

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(State)

(Name of corporation as currently filed with the Florida Dept. of State)

(continued)

The date of each amendment(s) adoption: 10/01/2008

Effective date if applicable: 10/01/2008
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by
_____. "
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature

Mayra Leite

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Mayra Leite

(Typed or printed name of person signing)

- President

(Title of person signing)

FILING FEE: \$35