P18000068575

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COYER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BELLA INNOVAT	FIONS INC		
	BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	MARTHA CHAVES			
		Name of Contact Persor	1	
	RAPIDTAX SOLUTIONS AND MORE INC			
		Firm/ Company		
	2820 MICHIGAN AVE STE	• •		
		Address		
	KISSIMMEE FLORIDA			
		City/ State and Zip Code		
	RAPIDTAXFL@OUTLOOK	C.COM		
	-	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
JONATAN A MUN	OZ	at (9316797	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

D 171	1.4	INNO	MA	THO	NC	INC
RHI		LINE IN L	1 V 4			11/1

(Name of Corporation as currently file	d with the Florida Dept. of State)
P18000068575	
(Document Number of Co	poration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	Ida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "comp" Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pre "chartered," "professional association," or the abbreviation "P.A."	any," or "incorporated" or the abbreviation "Corp.," ofessional corporation name must contain the word
B. Enter new principal office address, if applicable:	2021 SE T)
(Principal office address MUST BE A STREET ADDRESS)	
-	
<u>-</u>	—————————————————————————————————————
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEE'S
(Mailing dadress MAI BE A POST OFFICE BOX)	, S
_	171
-	
D. If amending the registered agent and/or registered office address	in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street a	ddress)
New Registered Office Address:	Florida
(City	y (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the position.
Signature of New Regis	tered Agent, if changing

Check if applicable

 $[\]Box$ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President: V= Vice President; T= Treasurer: S= Secretary; D= Director: TR= Trustee; C = Chairman or Clerk: CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President. Treasurer. Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	LEONEL SANCHEZ	1780 PARTIN TERRACE RD
Add			KISSIMMEE FL 34744
X Remove			
2) Change	VP	LUIS CARLOS SANCHEZ ARRIET	1882 KATZ CROSSINNG DR
X Add			KISSIMMEE FL 34744
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additi	or adding additional Articles, enter change(s) here: tional sheets, if necessary). (Be specific)	
	nonai sneets, y necessary). (De specific)	
/A		
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<u>If an amend</u>	iment provides for an exchange, reclassification, or car	ncellation of issued shares,
<u>provisions</u>	for implementing the amendment if not contained in t	he amendment itself:
(if not a	applicable, indicate N/A)	
/A		
<u> </u>		

The date of each amendment(s) adoption:
date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted 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)
09/02/2021 Dated
$\mathcal{A} = \mathcal{A}$
Signature
selected) by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
JONATAN A MUNOZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)