

P21000010453

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(Address)

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☐ PICK-UP

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(Document Number)

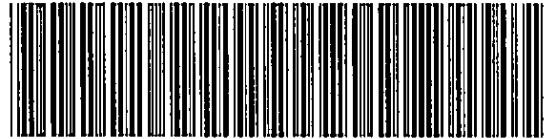
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Lia Bella Corp.
DOCUMENT NUMBER: P21000010453

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

Please return all correspondence concerning this matter to the following:

Juergen Hartwich
Name of Contact Person
Best Florida Consulting LLC
Firm/ Company
1110 SW 28th Street
Address
Cape Coral FL 33914
City/ State and Zip Code
jhartwich@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juergen Hartwich at (239) 573-9601
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 DEC 22 AM 11:00

(Document Number of Corporation (if known))

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|----------|------------------------|--------------------------------|
| 1) <input type="checkbox"/> Change | <u>T</u> | <u>Manuela Kriewen</u> | <u>Vosshoefener Str. 104 B</u> |
| <input type="checkbox"/> Add | | | <u>Wetter, He</u> |
| <input checked="" type="checkbox"/> Remove | | | <u>58300 Ge</u> |
| 2) <input type="checkbox"/> Change | <u>T</u> | <u>Timo Kriewen</u> | <u>3765 Winkler Avenue</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Fort Myers, FL 33916</u> |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

A hand-drawn graph on lined paper. The graph consists of a single straight line with a positive slope. The line starts at a point on the y-axis (approximately 1/3 of the way up from the bottom) and extends upwards and to the right, passing through several horizontal grid lines. The line is drawn with a dark pencil or pen.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

A hand-drawn graph on lined paper. The curve starts at the origin (0,0) and increases with a decreasing slope, resembling a square root function. The curve is drawn with a black pen and passes through approximately (1, 0.5) and (4, 2).

The date of each amendment(s) adoption: _____, if other than the 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)

Dated 12/17/2021

Signature _____

(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)

Manuela Kriewen

(Typed or printed name of person signing)

President

(Title of person signing)