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COVER LETTER

TO: Amendment Section

Division of Corpo	rations		
NAME OF CORPOR	ATION: Lio	r Bella	Corp.
DOCUMENT NUMBER: P21000010453			
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	oondence concerning this mat	tter to the following:	
-	Best Flom 1110 SI Cape Co iharti	Name of Contact Person Cla Consul Firm/ Company N 28+1 S Address City/ State and Zip Coo Niche hote ed for future annual report	ting LLC treet 33914 nail com
For further information	concerning this matter, pleas	se call:	
Juergen Name o	Hartwich fContact Person	at (239 Area Co	573-9601 ode & Daytime Telephone Number
Enclosed is a check for	the following amount made [payable to the Florida Dep	partment 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)
	ing Address adment Section		Address dment Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

Articles	of	Incorporation

of

Lia he	ella Corp.	
(Name of Corporation:	as currently filed with the Florida Dept.	of State)
P 2 1 0 0 0	2010453	ing.
	it Number of Corporation (if known)	CO.F.
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	atutes, this Florida Profit Corporation add	pts the following amendme
A. If amending name, enter the new name of the corp.	oration:	
		The new
name must be distinguishable and contain the word "corpo". "Inc.," or Co.," or the designation "Corp," "Inc," of "chartered," "professional association," or the abbrevia	or "Co". A professional corporation na	r the abbreviation "Corp.," ne must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered	office address in Florida, enter the nam	e of the
new registered agent and/or the new registered off		<u>c or me</u>
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	Florida
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I as	ered Agent: m familiar with and accept the obligations	of the position.
Simatu	re of New Registered Agent, if changing	
Signatio	re of new Kegisterea Agent, if changing	

Check if applicable

☐ 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	PT John I	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones .	
X Add	<u>SV</u> <u>Sally</u> :	<u>Şmith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u> </u>	Manuela Kriewen	3765 Winkler Ave
Add	1		Fort Myers FL 33911
Remove 2) Change	P/VP/S	Timo Kriewen	3765 Winkler Ave.
Add			Fort Myers, FL 33916
Remove 3) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary	Articles, enter change(s) here: y). (Be specific)
-	·/····································
- 	
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/	<u> </u>
·	
	<u> </u>
an amendment provides for an e	exchange, reclassification, or cancellation of issued shares,
	amendment if not contained in the amendment itself:
provisions for implementing the a	
oroyisions for implementing the a (if not applicable, indicate N/A))
provisions for implementing the a)
provisions for implementing the a)
provisions for implementing the a	

.

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (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 w document's effective date on the Department of State's records.	rill not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action as action was not required.	nd shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes east 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):	17. 22
"The number of votes cast for the amendment(s) was/were sufficient for approval	FILE.
(voting group)	· · · · · · · · · · · · · · · · · · ·
Dated April 25th 2022	PN 2: 36 PN STATE E. FLORIDA
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)	