P21000098133

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2022 HAY -4 PH 12: 37

A. BUTLER
JUN 3 0 2022



COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of 2022 JUN 23 PM 2: 11 Bella Litchen Inc (Name of Corporation as currently filed with the Florida Dept. of State) OF STATE P 2100009 8133 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendments Articles of Incorporation: The new name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp." "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.," A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mauting address MAT BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered Agent			
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Name of New Registered Agent			r the name of the
	new registered agent and/or the new registered	office address:	
(Florida areas)	Name of New Registered Agent		
(FIOTHER SIFEE ABBITESS)		(Florida street address)	
New Registered Office Address:, Florida,	New Registered Office Address:		
(City) (Zip Code)		(City)	(Zip Code)
	New Registered Agent's Signature, if chapging Re	pistered Agent:	
New Registered Agent's Signature, if changing Registered Agent:	hereby accept the appointment as registered agent.	I am familiar with and accept the o	bligations of the position.
New Registered Agent's Signature, if changing Registered Agent; 'hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.			
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 Registered Agent, if changing

904 276 1757

Check if applicable

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

Example:

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 John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ke Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Ý	Anthony Raso	1701 19 N A2
-Ta Add			Jacksonville FL
Remove			32150
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending</u> (Attach <i>addi</i> i	or adding addition tional sheets, if nece	nal Articles, enter (ssary). (Be specif	change(s) here: ic)			
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7 Ifan amand	ment provides for	en evchenge regle	edification or con	callation of issued	rhares	
provisions	for implementing ti	he amendment if n	ot contained in th	e amendment itse	If:	
(17 not a	applicable, indicate	N/AI)				
						
						
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The date of each amendment(s) adop	tion: 10.15.2	2	, if other than the
date this document was signed.			
Effective date if applicable:	(no more than 90 days af	· · · · · · · · · · · · · · · · · · ·	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable stat	·	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of	directors without shareholder action ar	nd shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffic		of votes cast for the amendment(s)	
☐ The amendment(s) was/were approve must be separately provided for each	-		
"The number of votes cast for	the amendment(s) was/were suffici	ent for approval	
by		n	
	(voting group)		
Dated	5.22		
Signature			
selected, b	tor, president or other officer – if di y an incorporator – if in the hands of oduciary by that fiduciary)		
_	Carroll Wesley (Typed or printed name of	Stephens (Stephens)	
•	President		
	(Title of person signing)		