121000406175

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COVER LETTER

	Registration Division of C					
cup icc	Guerrero	Event Styling, LLC				
SUBJEC	,1;	Name of Lin	nited Liability Company			
The encl	osed Articles (of Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all corres	pondence concerning this matter	to the following:			
		Christine Guerrero				
			Name of Person			
	Guerrero Event Styling, LLC					
			Firm/Company			
	14006 Langley Place					
		"	Address			
		Davie, FL 33325				
			City/State and Zip Code			
		bellaroseeventplanning@ya	ahoo.com to be used for future annual report notific			
For furth	er information	n concerning this matter, please o		.attony		
Christin	e Guerrero		718 6836302 at ()		202	
	Name	e of Person	Area Code Daytime	Telephone Number	2 JAN -6	Egypter Egypter Egypter Systematic
Enclosed	is a check for	the following amount:				-
■ \$2 5.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing l Certificate of Certified Cop (additional copy	Fee, The status &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Guerrero Event Styling, LLC		
(<u>Name of the Limited Liability</u> (A Florida)	y Company ay it now appears on our reco Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 09/14/2021	and assigned
Florida document number L21000406175	_ - :	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Bella Rose Creations. LLC		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on 09/14/2021 and assigned rida document number 121000406175 s amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: Ila Rose Creations, LLC new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) Iter new mailing address, if applicable: adding address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered.		
Enter new mailing address, if applicable:		2022 13
(Mailing address MAY BE A POST OFFICE BOX)		
		0)
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, ente	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = N AMBR = A	Ianager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		<u></u>	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove

_____ □Change

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•	
(If an ef Note:	ive date, if other than the date of filing: [Coptional] [Coptional]
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
10.00	
Dated	1.
	Christine Sereno
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00