

18000247095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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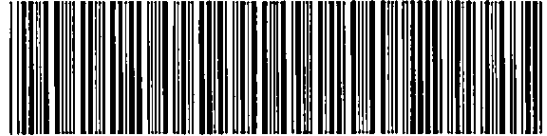
(Business Entity Name)

(Document Number)

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STATE OF MISSISSIPPI  
DEPARTMENT OF REVENUE  
JTB

NOV 20 2018

T SCHROEDER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RICH DIVINE TAILORED PROVIDENCE ZEN EMPIRE HEADQ-  
UARTERS AGENCY ENTERPRISE GLOBALING INTERNATIONALLY  
Name of Limited Liability Company CLASSICALLY LIMITED LIABILITY  
COMPANY

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHELINE JEAN PHILIPPE  
Name of Person  
RICH DIVINE TAILORED PROVIDENCE ZEN EMPIRE HEADQ-  
UARTERS AGENCY ENTERPRISE GLOBALING INTERNATIONALLY  
Firm/Company CLASSICALLY LIMITED LIABILITY  
801 N H ST APT 7  
Address  
LAKE WORTH FL, 33460  
City/State and Zip Code  
RICHDIVINETAILORED@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELINE JEAN PHILIPPE at 941, 231 8227  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RICH DIVINE TAILORED PROVIDENCE ZEN EMPIRE PRIVATE  
HEADQUARTERS AGENCY ENTERPRISE GLOBALIZING INTERNATIONALLY  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

CLASSICALLY LIMITED  
LIABILITY COMPANY

The Articles of Organization for this Limited Liability Company were filed on 10/22/2018 and assigned  
Florida document number L18000247095.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

RICH DIVINE TAILORED ESTATES PROVIDENCE ZEN EMPIRE AGENCY ENTERPRISES  
PRIVATE HEADQUARTERS GLOBALIZING INTERNATIONALLY CLASSICALLY LIMITED LIABILITY  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." COMP

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

801 NORTH 'H' STREET APT 7  
LAKE WORTH FLORIDA 33460

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

801 N H ST APT 7  
LAKE WORTH FLORIDA 33460

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

MICHEVINE JEAN PHILIPPE

New Registered Office Address:

801 N H ST APT 7

Enter Florida street address

LAKE WORTH

City

Florida

33460

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 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 Changing Registered Agent. Signature of New Registered Agent**

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 = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
SOLE PROPRIETORSHIP/ MGR/MEMBER/ OWNER PRINCIPAL CREATIVE DIRECTOR TECHNICAL DIRECTOR	MICHELINE JEAN PHILIPPE	801 N H ST APT 7 LAKE WORTH FL, 33460	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Shareholder/ AMBR/ MANAGER	KEVIN DORISCA	801 N H ST APT 7 LAKE WORTH FL, 33460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Shareholder/ AMBR/ MANAGER	MICHAEL DORISCA	801 NORTH H ST APT 7 LAKE WORTH FL, 33460	<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove
Shareholder/ AMBR/ MGR	CASANDRA DORISCA	801 N H ST APT 7 LAKE WORTH FL, 33460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Shareholder/ AMBR/ MGR	JAMELL FERDINAND	801 NORTH ST APT 7 LAKE WORTH FL, 33460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Shareholder/ ✓ AMBR/ MGR	Charming	801 N H ST APT 7 LAKE WORTH FL 33460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Shareholder  
MAR/AMBR

MANDUCHEKA JEAN CLAUDE

801 N. H. ST APT 7 LAKE WORTH FL 33460 ADD

Shareholder  
AMBR/MAR

RUTH JEAN-MARIE

801 NORTH 'H' ST APT 7 LAKE WORTH FL 33460 ADD

Shareholder  
AMBR/MAR

LOUIBERT JEAN CLAUDE

801 NORTH 'H' ST APT LAKE WORTH FL 33460 ADD

Shareholder  
AMBR/MAR

JAMESLINE JEAN CLAUDE

801 NORTH H ST APT 7 LAKE WORTH FL 33460 ADD

Shareholder  
AMBR/MAR

LOUIA JEAN CLAUDE

801 NORTH H STREET APT. 7 LAKE WORTH FL 33460 ADD

Shareholder  
AMBR/MAR

LOUIS JEAN CLAUDE

801 NORTH H ST APT 7 LAKE WORTH FL 33460 ADD

Shareholder  
AMBR/MAR

DIEUDONNE DORISCA

801 NORTH H STREET APT 7 LAKE WORTH FL 33460

JACKOB FERDINAND

Shareholder/  
AMBR

801 N H ST LAKE WORTH FL 33460 ADD

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record 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 record is filed.

Dated

TUE OCTOBER 30 2018



Signature of a member or authorized representative of a member

MICHELINE JEAN PHILIPPE

Typed or printed name of signer

FILED  
18 NOV - 1 PM 12:21  
SEALING UNIT  
FALLS CHURCH, VA 22046