

LO6000057192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

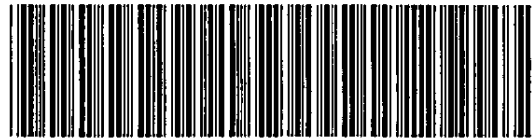
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-74
11/8/06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fantasy Creations LLC
(Name of 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:

Melissa Mortti
(Name of Person)
Divine Curves
(Firm/Company)
4217 Centergate Ln #101
(Address)
Orlando, FL 32814
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Melissa Mortti at 407, 917 8583
(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**

Fantasy Creations LLC

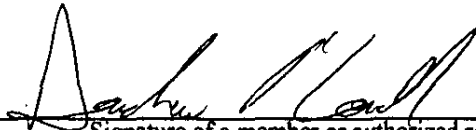
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 5-31-06 and assigned document number 160000051192

SECOND: This amendment is submitted to amend the following:

change current name of business to
Divine Curves LLC, also Andrew O'Connell
will no longer be a registered agent or
managing member. If melissa morthi
will be the only registered agent and
managing member. I melissa morthi
am familiar with and accept the obligations
of the position. x melissa morthi

Dated November 9th, 2006



Signature of a member or authorized representative of a member

Andrew O'Connell

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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