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(Requ	estor's Name)	
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Special Instructions to Fil	ing Officer:	

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2022 JUL 18 AM 7: 14

July 11, 2022

Florida Department of State Division of Corporations

To Whom It May Concern:

Please find enclosed a request for Name Change of my Kelly S. Jones, LLC to Diana Love, LLC plus a \$25.00 Filing Fee Check.

My phone: 919-200-8686

My mailing address: 202 Magnolia Street, Mt. Shasta, CA 96067

Thank you.

Many blessings,

Kelly S. Jones

2022 JUL 18 KH 7: 44

COVER LETTER

TO:

Registration Section

Division of Cor	porations			
SUBJECT: Kelly S. Jo	nes II <i>C</i>			
SUBJECT: Many 0.30		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Kelly S. Jones			
		Name of Person		
	Kelly S. Jones, LLC			2822
		Firm/Company		
	9 Oakdale Street			2822 JUL 18 AH
		Address		· · · · · · · · · · · · · · · · · · ·
	Windermere, FL 34786			7: 13 ¹ 4
		City/State and Zip Code		1* -
	Contact@SacredBeginning			
For further information c	oncerning this matter, please c	to be used for future annual report noti all:	incation)	
Kelly Schell Jones		at (919) 200-8686		
`	f Person		ne Telephone Number	
Enclosed is a check for the	ne 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 Filin Certificate of Certified Control Cadditional control 	of Status &
Mailing Addres Registration S		Street Address: Registration Se	ction	
Division of C	Corporations	Division of Cor		
P.O. Box 632		The Centre of T		
Tallahassee, 1	トレ 32314	2415 N. Monro	e Street, Suite 810	ļ

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kelly S. Jones, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 03/13/2007	and assigned
Florida document number L07000027466		
a document number L07000027466 mendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: Love. LLC w name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." new principal offices address, if applicable: cipal office address MUST BE A STREET ADDRESS) new mailing address, if applicable: 202 Magnolia Street Mount Shasta, CA 96067 amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:		
A. If amending name, enter the new name of the limited lia	bility company here:	and assigned C" or the abbreviation "L.L.C."
Diana Love, LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		2022
(Principal office address MUST BE A STREET ADDRESS)		= 1
		·
Enter new mailing address, if applicable:	202 Magnolia Street	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	Mount Shasta, CA 96067	_
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	17 . 17 . 1	
	Enter Florida street address	
	City,	da
	Cur	гір Сойе

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
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effective date is listed, te: If the date inserte	r than the date of fit the date must be specific ed in this block does no te on the Department of	and cannot be prior ot meet the applic	able statutory filing	(option re than 90 days after fi requirements, this o	ling.) Purs	uant to 605 not be liste	.020 ed a
cord specifies a delay s filed.	yed effective date, but	not an effective ti	me, at 12:01 a.m. or	the earlier of: (b)	The 90t	h day after	r the
ed July 11	Kelly S	2022	orized representative o				