

107000030857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

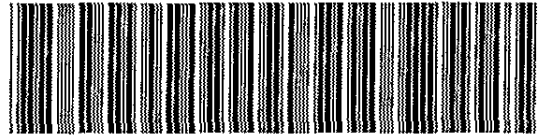
(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Diva Entertainment 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:

Schlondra Johns

(Name of Person)

Diva Entertainment LLC

(Firm/Company)

3111 45th St. Ste 15

(Address)

WPB, FL. 33407

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Schlondra Johns

(Name of Person)

at ( 561 ) 797-3242

(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**

Diva Entertainment LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 3/21/2007 and assigned document number LD7000030857

**SECOND:** This amendment is submitted to amend the following:

Add Lee C Sipple as member for Diva Entertainment LLC & change address to 3111 45th St. Ste 15 Wpb, Fl. 33407

Add Lee C Sipple on to the LLC please  
Dive Entertainment LLC

(561) 824-7405

07 MAY 21 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

Dated May 2nd, 2007

Schlondra Johns

Signature of a member or authorized representative of a member

Schlondra Johns

Typed or printed name of signee

Filing Fee: \$25.00