

LO9000026442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

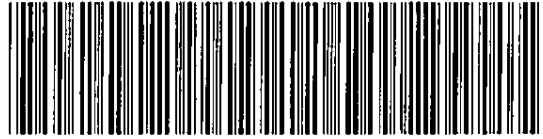
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11/01/24--01019--010 **25.00

FILED
2024 NOV -1 AM 11:43
CLERK OF COURT
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOUSE OF DIVAS 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:

FAHIMA MUHAMMAD
Name of Person

FARRAGO S Corporations
Firm/Company

650 NE 2ND AVE PH 4106
Address

MIAMI, FL 33132
City/State and Zip Code

MUHAMMADFAHIMA77@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FAHIMA MUHAMMAD at (561) 849-7370
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 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**

FILED

HOUSE OF DIVAS LLC 2024 NOV -1 AM 11:38
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/18/2009 and assigned
Florida document number L09000026442.

This amendment is submitted to amend the following:

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

FARRAGOI S Corporation
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

650 NE 2ND AVE

MIAMI, FL 33132

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

650 NE 2ND AVE

MIAMI, FL 33132

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:

FATIMA MUHAMMAD

New Registered Office Address:

2234 North Federal Hwy SUITE 317

Enter Florida street address

BOCA RATON

City

Florida

33431

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.

Fatima Muhammad

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

[illegible]

[illegible]

(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)

Dated October 30, 2024 ^{Year} (2024)

FATMA MUHAMMAD

Typed or printed name of signee