## LOGOODALA 35

DIVINE SILUETAS LLC

OF ELIZABETH PORTER

3408 W 84 ST SLIFE 6,106

Hialfath. FL, 33018

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

D. BRUCE

FEB 10 2010

**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 23, 2009

DIVINE SILUETAS, LLC % ELIZABETH PORTER 3408 W 84TH STREET, SUITE G106 HIALEAH, FL 33018

SUBJECT: DIVINE SILUETAS, LLC

Ref. Number: L09000026925

We have received your document for DIVINE SILUETAS, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

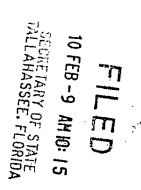
Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 609A00039005



15 K. . .

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF .

| DIVINE SILUETAS, LLC   |  |
|--|--|
| (Name of the Limited Liability Company as it now appears on our reco   | ords.)   |
| The Articles of Organization for this Limited Liability Company were filed on  | 2007 and assigned assigned LAHASS  |
| This amendment is submitted to amend the following:  | AHIO:  |
| A. If amending name, enter the new name of the limited liability company here:   | OF THE CONTROL OF THE |
| The new name must be distinguishable and end with the words "Limited Liability Company," the desig "L.L.C."  |  |
| Enter new principal offices address, if applicable: 11093 NW 13  | 38 ST  |
| Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  HID 93 NW 13  Socie # 12                   | 2 <i>nden</i> <b>33</b> 018  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  (Mailing address MAY BE A POST OFFICE BOX)  500 Te # 12       | 38 ST<br>den FL 33018<br>0   |
| B. If amending the registered agent and/or registered office address on our records, registered agent and/or the new registered office address here: | enter the name of the new  |
| Name of New Registered Agent: ELIZABETH POR  | TER  |
| New Registered Office Address: 3408 WEST 84 ST Enter Florida s   | Sute G106 street address   |
| HIALEAH FIG  |  |
| 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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office andress, I hereby confirm that the limited liability company has been notified in writing of this change.

of Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

**Title Name Address** Type of Action BRYZN PINZON 19158 SW 1657 Add

BRYZN PINZON 19158 SW 1657 Add

Add

BRYZN PINZON 19158 SW 1657 Add ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00