

LD90000045300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

LD9-45300

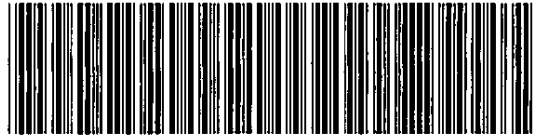
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09 SEP - 8 PM 2:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. O. Wilson SEP - 8 2009

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: Diva Style Enterprises, LLC

DOCUMENT NUMBER: L090000 45300

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tawanna Johnson
Name of Contact Person

Firm/ Company

11091 Sedgement Ln.
Address

D-Winderemee FL 34786
City/ State and Zip Code

tawanna1618@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tawanna Johnson at (954) 298-3993
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed) |
|--|---|--|---|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2009

TAWANNA JOHNSON
11091 LEDGEMENT LANE
WINDERMERE, FL 34786

SUBJECT: DIVA STYLE ENTERPRISES, LLC
Ref. Number: L09000045300

We have received your document for DIVA STYLE ENTERPRISES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 309A00028992

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

09 SEP -8 PM 2:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Diva Style Enterprises, LLC
(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 May 11, 2009 and assigned
Florida document number L09000045300

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

11091 Ledgeport Ln
Windermere, FL 34786

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11091 Ledgeport Ln
Windermere, FL 34786

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:

New Registered Office Address:

11091 Ledgeport Ln.
Enter Florida street address
Windermere, Florida 34786
City 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 608, 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgrm	Bryana Jackson	53072 Memorial St Lake, Elmore, Ca. 92532	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____

Tawanna Johnson

Signature of a member or authorized representative of a member

Tawanna Johnson

Typed or printed name of signee

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TALLAHASSEE FLORIDA