

LO9000096348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS

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O SIMMONS

DEC 13 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2016

CRISTINA PINA
499 N SR 434, STE 1029
ALTAMONTE SPRINGS, FL 32714

SUBJECT: DIVINE IMAGE BEAUTY SALON, LLC
Ref. Number: L09000096348

We have received your document for DIVINE IMAGE BEAUTY SALON, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There can be only be one person designated for the registered agent.

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) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 316A00025355

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIVINE IMAGE BEAUTY SALON 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:

NUBIA RINCON
Name of Person

DIVINE IMAGE BEAUTY SALON LLC
Firm/Company

499 N SR 434 SUITE 1029
Address

ALTAMONTE SPRINGS, FL 32714
City/State and Zip Code

CPINA90@ICLOUD.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRISTINA PINA at (407) 580 4960
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DIVINE IMAGE BEAUTY SALON 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 10/6/2009 and assigned
Florida document number L09000096348.

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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DIVISION OF CORPORATE FILINGS

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:

NUBIA RINCON

New Registered Office Address:

580 ALBANY PLACE

Enter Florida street address

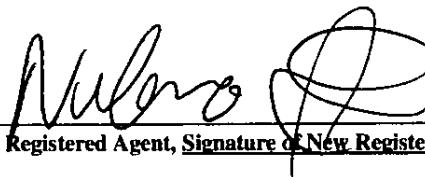
LONGWOOD
City

Florida

32779
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.



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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|-------------------------------------|--|
| MNG | MILDRED RIVERA | 463 GREEN SPRINGS CIR | <input type="checkbox"/> Add |
| | | WINTER SPRINGS, FL 32708 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MNG | CRISTINA PINA | 580 ALBANY PLACE | <input checked="" type="checkbox"/> Add |
| | | WINTER SPRINGS, FL 32779 | <input type="checkbox"/> Remove |
| | | LONGWOOD | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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DIVISION OF REGISTRATION

SECRET

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(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated DEC 6, 2016

Signature of a member or authorized representative of a member

CRISTINA PINA

Typed or printed name of signee