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| (City/State/Zip/Phone #) | |
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| PICK-UP WAIT | MAIL |
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| Special Instructions to Filing Officer: | |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

D. BRUCE

JUL 16 2012

EXAMINER

| , , , | | COVER LETTER | | | |
|---------------------------------------|--|--|--|----------------|-------|
| TO: Registration So Division of Co | | | | | |
| SUBJECT: | Home Part Name of Limi | y Divas LLC ted Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | Tand fee(s) are submitted for filing. cerning this matter to the following: Shulman Name of Person Firm/Company SECRETARY OF SALL All ASSEE FLAN JASSEE FLAN J | | | |
| Please return all correspondent | ondence concerning this matter | to the following: | | | |
| | <u>Debora</u> | ah Shulman Name of Person | <u></u> | | |
| | | Firm/Company | | | |
| | 615 Mar | latee Bay Dr. | | | |
| | Boynton Clebbir | Bun FL 3343. City/State and Zip Code E. Shulman @ yaha | 5 2.Com 2.Com | F) | بر تز |
| For further information | concerning this matter, please of | . 0 | Divas LLC ability Company If for filing. If of filing. If of filing. If of filing. If of filing. If of filing. If of filing. If of filing. If of filing. If of filing. If of filing. If of filing. If of filing. If of filing fee & Certificate of Status & Certificate of Status & Certificate of Status & If of filing fee, Cert | | |
| Name o | of Person | | one Number | | |
| Enclosed is a check for | the following amount: | | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & Certified Copy | os e d) | |

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

| Home Party | Divas LLC |
|--|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited L | n <u>ý ás it now appears on our records.</u>) liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u> </u> | were filed on 62411 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | imited Liability Company were filed on |
| The new name must be distinguishable and end with the words "Limi "L.L.C." | |
| Enter new principal offices address, if applicable: | 615 Manatee Bay Dr. |
| (Principal office address MUST BE A STREET ADDRESS) | Boynton Beach, FL 33435 |
| Enter new mailing address, if applicable: | Came on about 550 |
| (Mailing address MAY BE A POST OFFICE BOX) | TO P EN |
| Withing Busices Was III A COLVES ACE ROLL | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | fice address on our records, enter the name of the new |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | Florido |

New Registered Agent's Signature, if changing Registered Agent:

1.

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = Ma MGRM = N | nager Aanaging Member | | |
|----------------------|---------------------------------------|---|---|
| <u>litie</u> | <u>Name</u> | <u>Address</u> | Type of Action |
| <u>Ngr</u> | Vicky Loyd | 1031-8 Lake Terry DY. #1 | Add Remove |
| <u>Ygr</u> | Alishia Willardson | 3501 81st North St. Petershung, FL 33710 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
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| <u></u> | · · · · · · · · · · · · · · · · · · · | | Add Remove |
| . If amen | א . | te(s) here: (Attach additional sheets, if necessary. The PUNCIPAL Adduss | <u>+</u> |
| | | | FILED 12 JUL 13 PM SECRETARY OF TALLAHASSEE, FI |
| Pated | 7/9 , 20 Sibna | Shulman refr authorized representative of a member | PM 12: 19 |
| | Deborah. | Shulman Tor printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00