

L130000116323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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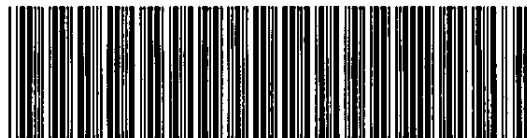
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Diverse Divaz, 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:

Churaney McBean  
Name of Person  
Diverse Divaz, LLC  
Firm/Company  
P.O. Box 848314  
Address  
Pembroke Pines, FL 33084  
City/State and Zip Code  
diversedivaz@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Churaney McBean 754 244-5446  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee    ☒ \$30.00 Filing Fee & Certificate of Status    ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$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**

Diverse Divaz, 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 01/31/2013 and assigned  
Florida document number L13000016323.

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:**

611 SW 71st Avenue

**(Principal office address MUST BE A STREET ADDRESS)**

Pembroke Pines, FL 33023

**Enter new mailing address, if applicable:**

P.O. Box 848314

**(Mailing address MAY BE A POST OFFICE BOX)**

Pembroke Pines, FL 33084

**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:

Churaney McBean

New Registered Office Address:

611 SW 71st Avenue

*Enter Florida street address*

Pembroke Pines

*City*

Florida

33023

*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>
MGR	Churaney McBean	P.O. Box 848314	<input checked="" type="checkbox"/> Add
		Pembroke Pines, Fl 33084	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael McBean	P.O. Box 848314	<input checked="" type="checkbox"/> Add
		Pembroke Pines, Fl 33084	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Noale Goodwin	P.O. Box 848314	<input checked="" type="checkbox"/> Add
		Pembroke Pines, Fl 33084	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 TAMPA, FLORIDA

15 AUG 17 AM 11:02  
CALIFORNIA ASSOCIATION

16 AUG 17 AM 11:02

(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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated \_\_\_\_\_, 20\_\_\_\_.

Churaney McBean

**Filing Fee: \$25.00**