

L14000000225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

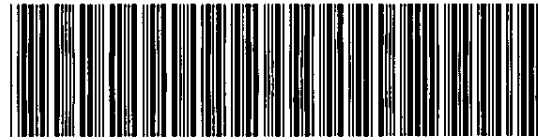
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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
15 MAR 11 PM 3:47  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

APPROVED  
FILED  
15 MAR 11 PM 2:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. MILLIGAN  
EXAMINER

MAR 11 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Dazzle Me Divas, 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:

Jennifer B. Davis  
Name of Person

Dazzle Me Divas Boutique, LLC  
Firm/Company

62165 Old Water Oak Rd, Ste 102-B  
Address

Tallahassee, FL 32312  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jennifer Davis at (850) 295-2856  
Name of Person 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

Dazzle Me Divas Boutique, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

APPROVED  
FILED  
15 MAR 11 PM 2:52  
SUNSHINE STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/01/14 and assigned Florida document number 14000002225

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)

6265 Old Water Oak Rd,  
Ste. 102-B  
Tallahassee, FL 32312

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same

**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:

Jennifer B. Davis

New Registered Office Address:

6265 Old Water Oak Rd, Ste. 102-B

*Enter Florida street address*

Tallahassee

*City*

Florida

32312

*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.

Jennifer B. Davis

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>  |
|--------------|-------------------|--|--|
| AMBR         | Nick West         | 2351 Christopher Place<br>Tallah, FL 32308                     | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| AMBR         | Jennifer B. Davis | 6265 Old Water Oak Rd<br>Stc. # 102-B<br>Tallahassee, FL 32312 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated 3/11, 2015.

Jennifer B. Davis  
Signature of a member or authorized representative of a member

Jennifer B. Davis  
Typed or printed name of signee