

L14000097750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

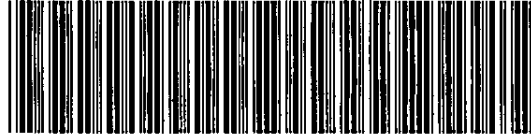
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2016 APR - 4 PM 1:14
FALL AHSSECT OFFICE

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K. SALLY
EXAMINER

APR - 6

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Di Angelo Cosmetics, 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:

Majed Adi

Name of Person

Di Angelo Cosmetics

Firm/Company

2424 NW 47th Lane

Address

Gainesville, FL 32605

City/State and Zip Code

mike@diangelocosmeticsusa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Majed Adi

904 999-8776
at () _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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**

Di Angelo Cosmetics, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED
2016 APR -4 PM 1:14
CLERK OF CIRCUIT COURT
LAHASSLE, FL 32605

The Articles of Organization for this Limited Liability Company were filed on 6/18/2014 and assigned
Florida document number L14000097750

This amendment is submitted to amend the following:

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

Wisdom Values LLC

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:

2424 NW 4th Lane, Gainesville, FL 32605

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2424 NW 47th Lane, Gainesville, FL 32605

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

Florida

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 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FILED
2016 APR -6 P
DEWILLEY
TALLAHASSEE

ALLAHACOFF

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 March 28th, 2016

Signature of a member or authorized representative of a member

Majed A DI
Typed or printed name of signatory