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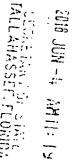
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DETAIL DIVAS LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
DANA VICTORIA FINEL EIR Name of Person
DETAIL DIVAS Firm/Company
4333 PROCTORRO Address
SARASOTA, FL. 3423' City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DANA VICTORIA FINCH et al (941) 960-5390 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

Name of the Limit	ed Liability Company	as it now appears on our polity Company)	records.)		
The Articles of Organization for this Limited Li Florida document number	ability Company we	i	1/2018	and assig	çned
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liabilit	y company here:			
The new name must be distinguishable and contain the well-bear the manual principal offices address, if application of the manual principal office address MUST BE A STREE	able:				
Enter new mailing address, if applicable:			<u> </u>	57, ∧	
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>			LLAHASS	F
B. If amending the registered agent and/or the new registered of		e address on our re	cords, enter	The name of	# preyney
Name of New Registered Agent:	Danc	· Victoria	Find	her	
New Registered Office Address:	4333	Proctor Enter Florida street	R d		
	Saras	otta Cir	_, Florida	3423	3

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>	Name	Address	Type of Action
AMBR	SIENT SPARLING	4995 10TH JANE EAST	
		BRADENTON, FL. 34203	Remove
			Change
AMBR	DANA VICTORIA FINCHER	4333 Proctor Rd	Add
		Sarasota, FL 34233	□ Remove
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Filing Fee: \$25.00