1/6000/447/9

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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V. C. P. M. O. H.J.

OCT 27 2017 Y SULKER

COVER LETTER

	Registration Sec Division of Corp			
CHD IEC	DIVAS CH			
SOBJEC	T:	Name of Lim	ited Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	tum all correspon	ndence concerning this matter	to the following:	
		FERNANDO GUEVARA		
			Name of Person	
		DIVAS CHIC LLC		
			Firm/Company	
		927 NW 97TH AVE SUIT	TE 204	
			Address	
		MIAMI, FL, 33172		
			City/State and Zip Code	
		SIMPLYNATUREBIOGO	•	
			to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	all:	
FERNAI	NDO GUEVARA	Α	at () 294 - 3353 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25. (X) 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

any as it now appears on our records.) Liability Company)	
y were filed on AUGUST 2ND, 2016	and assigned
bility company here:	
ility Company," the designation "LLC" or the	ibbreviation "L.L.C."
927 NW 97TH AVE SUITE 204	
MIAMI, FL, 33172	
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	the name of the
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	. 9
Enter Florida street address	
571 * 1	
, Florida	Zip Code
	office address on our records, enterre: Enter Florida street address , Florida

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>	Address	Type of Action			
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Page 3 of 3

Filing Fee: \$25.00