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## **COVER LETTER**

DIVA'S C	LEANING SERVICES LLC				
,	Name of Lim	rited Liability Company	, aves.	•	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
-	MICHELLE J SMITH				
		Name of Person			
	DIVA'S CLEANING SER	EVICES LLC			
		Firm/Company			
	P.O. BOX 232				
		Address			
	FORT WALTON BEACH	H, FL 32549		5 N	SEER
	City/State and Zip Code LIEZELE0323@GMAIL.COM			NOV 16	上方式。 上方式。
		to be used for future annual report notific	ation)	5 AH	기술 기술
For further information of	concerning this matter, please c	all:		ထ္	문화 유 <b>로</b>
MICHELLE J SMITH		334 701-5833 at ( )		07	SE.
Name o	of Person		Celephone Number	_	
Enclosed is a check for t	he 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 For Certificate of Societified Copy (additional copy is	Status &	

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

DIVA'S CLEANING SERVICES LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on OCTOBER 27, 2016	and assigned
Florida document number L16000198924		TO NOV 16 AM 80 07
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the at	obreviation "L.L.C,"
Enter new principal offices address, if applicable:	1861 BRICK CIRCLE	
(Principal office address MUST BE A STREET ADDRESS)	FORT WALTON BEACH, FL 32547	
•		<b>3</b> ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥
	-	8 产品
Enter new mailing address, if applicable:	P.O. BOX 232	V ANT
Mailing address MAY BE A POST OFFICE BOX)	FORT WALTON BEACH, FL 32549	<b>2</b> 7000
		<b>14 8 6</b>
		e and an
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
egistered agent and/or the new registered office address ner	<u>c.</u>	
Name of New Registered Agent:		
New Registered Office Address:		
The Windstella Office / Mariess	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) au or removed from our records:	thorized to manage, enter the title, name, and address of each pers	son being added
MGR = Manager AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date	e, if other than the date	e of filing:		(	optional)	
an effective da	ate is listed, the date must be slate inserted in this block of	pecific and cannot	t be prior to date of fili	ng or more than 90 days	after filing.) Pursuant	to 605.020
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	pecifies a delayed eff day after the record		but not an effec	tive time, at 12:	01 a.m. on the	earlier (
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Typed or printed name of signee

Filing Fee: \$25.00

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