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D. SCOTT JUN 1 5 2017

COVER LETTER

TO:

Registration Section

Divisio	n of Corpor	ations		
SUBJECT:		DIVA'S BEAUTY BAR S	ALON & SPA LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Ar	rticles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all	corresponde	nce concerning this matter	to the following:	•
		MERCED	ES BAZANTE	
			Name of Person	
			F' (G	
		5501 MF	Firm/Company NARTE CT	·
			Address	
		ORLANI	OO, FL 32821	
. ,	-		City/State and Zip Code	
		mercedes_b77@	yahoo.com	
	_	E-mail address: (to be used for future annual report notification)	
For further infor	mation conce	erning this matter, please ca	all:	100 1
Mercedes			407 485-0927 at ()	The second
	Name of Per	son .	Area Code Daytime Telephor	e Number
Enclosed is a ch	eck for the fo	ollowing amount:	,	
□ \$25.00 Filin	ng Fee I	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)
	Registratio Division of P.O. Box 6	Corporations	STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVA'S BEAUTY BAR	SALON & SPA LLC	
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document numberL17000010882	ity Company were filed on	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
HAIR DIVA BEAUTY SALON LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable	::	
(Principal office address MUST BE A STREET A		
17. Mary M. Opyroo Maniess 17001 B2 1151R2B111		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		ا الأهسية و
	registered office address on our records, enter	the name of the new
registered agent and/or the new registered office	address here:	趙复立
		强二下
Name of New Registered Agent:		2 N III
New Registered Office Address:		芸量し
New Registered Office Address:	Enter Florida street address	707
		3名 あ
	, Florida,	Zin 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

Change Change Change Change Change Change Change Change Change	<u>Title</u>	<u>Name</u>	Address	Type of Action
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f an effective	late, if other than the date of filing: (optional) e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to
Note: If the	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
iocument's	s effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the
The 90t	th day after the record is filed.
Dated	June 5 20A
	Fraire (Krossonto
-	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00