## L17000/06317

(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:
px( 3).19





600325540856

02/28/19--01021--019 \*\*60.00



019 FEB 28 AM 10: 11



## **COVER LETTER**

TO: 'Registration So Division of Cou			<i>1</i> 8
	in & Wax Studio, LLC		THE TE
SUBJECT:	Name of Lim	nited Liability Company	AND FEB CO
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
Please return all correspo	ondence concerning this matter	to the following:	
	Abigail Fuentes		
		Name of Person	<del></del>
		Firm/Company	
	5779 Newmauma Park Dri	ive	
	Wimauma, FL 33598	Address	
	spiritspeaks82@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Abigail Fuentes		941 725-3125 at ()	
Name o	of Person	Area Code Daytim	e Telephone 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 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

Secrets Skin & Wax Studio, LLC

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

The Articles of Organization for this Limited I	Liability Company	were filed on 05/12/201	and assigned
Florida document number L17000106317	· · · · · · · · · · · · · · · · · · ·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
Divine Secrets Within, LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		132 East Bloomingdale Avenue	
(Principal office address MUST BE A STREET ADDRESS)		Suite B	
		Brandon, FL 33511	
Enter new mailing address, if applicable:		132 East Bloomingdlae Avenue	
(Mailing address MAY BE A POST OFFICE BOX)		Suite B	
	<del></del>	Brandon, FL 33511	
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the name of the new
Name of New Registered Agent:	Abigail Fuentes	s	
New Registered Office Address:	132 East Bloon	ningdale Avenue., Suite B	
		Enter Florida stre	et address
	Brandon		, Florida <sup>33511</sup>
		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.

The 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>	Type of Action
MGR	Abigail Fuentes	132 E. Bloomingdale Ave., Suite B Brandon, FL 33511	<b>□</b> Add
			Remove
			Change
MGR	Abigail Fuentes		Add
		5106 25th Avenue Drive East Palmetto, FL 34221	Remove
		<del> </del>	Change
			□ Remove
			Change
	<del></del>		□ Add
			☐ Remove
		<del></del>	☐ Change
			Add
			Remove
			☐ Change
			☐ Remove
			☐ Change

	Please remove the following Authorized Person Titles: CEO & President. It is to remain as Manageer.
	03/01/2019
Effe	ctive date, if other than the date of filing: (optional)
	effective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	ement's effective date on the Department of State's records.
he r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	ne 90th day after the record is filed.
Date	d February 26 2019
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00