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2020 HAY 28 AH 7: 4

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COVER LETTER

TO:	Registration Sec Division of Corp			
cunt		ections & Boutique, LLC		
SUBJ	F.C.1:	Name of Limi	ited Liability Company	
The en	nclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Sandara E. Williams		
		HER Peace of Mind, LLC	Name of Person	
		8508 Village Green Road	Firm/Company	
		Orlando, FL 32818	Address	
		revsandarawilliams@gmail.c	City/State and Zip Code com	
		E-mail address: ()	to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please ea	ıll:	
Sanda	ara E. Williams		407 925-6071	
	Name of	Person	Area Code Daytinie	Telephone Number
Enclos	sed is a check for th	e following amount:		
■ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 FILED

Divine Collections & Boutique, LLC

2020 HAY 28 AH 7: 47

The Articles of Organization for this Limited Liability Company were filed on 12/28/2017 and assigned Florida document number 170002633515. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HER Peace of Mind, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address if applicable: (Mailling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	The Articles of Organization for this Limited Liability Company were filed on 12/28/2017 and assigned Florida document number 12/40002653555. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HER Peace of Mind, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears or nited Liability Company)	LAHASSEE, FLUIS	
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Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code	•			
Enter Florida street address , Florida	Enter Florida street address, Florida City Zip Code	registered agent and/or the new registered office address		or records, enter the	e name of the
Enter Florida street address , Florida	Enter Florida street address, Florida City Zip Code	New Registered Office Address:			
	City Zip Code	ivew registered Office / toldess.	Enter Florida	street address	
	City Zip Code			, Florida	
	New Registered Agent's Signature, if changing Registered Agent:			·	Zip Code

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
			□ Add
			☐ Remove
			Change
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an effe <u>ote:</u> l	re date, if other than the date of filing:	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of
ated]	Mey 11 , 2020.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00