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SECRETARY OF STATE
ALLAHASSEE EL CATE

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COVER LETTER

то:	Registration Se Division of Cor			
SUBJE	Divine Bea	uty and Creations, ELC		
		Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and feets) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Bridgett Johnson		
			Name of Person	
			Firm/Company	
		5865 Blocker rd		
			Address	· -
		Marianna, Fl 32446		
			City/State and Zip Code	
		h-mail address: (to be used for future annual report notifi	cation)
For furth	ner information co	oncerning this matter, please co	all:	
Bridget	t Johnson		334 596-1062	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ie following amount:		
■ \$25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy Gadditional 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, Ft. 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability (ompany)
The Articles of Organization for this Limited Liability Company v	vere filed on 06/13/2018 and assigned
Florida document number 1.18000146225	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SEC SEC
(Principal office address MUST BE A STREET ADDRESS)	FILE 20
Enter new mailing address, if applicable:	PE FLOT
(Mailing address MAY BE A POST OFFICE BOX)	RIDE
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Kay Dean	1127 Wynn Dr	□ Add
	· · · · · · · · · · · · · · · · · · ·	Chipley, FI 32428	□ Remove
			Change
AMBR	Kelvin Dean	1127 Wynn Dr	D&
		Chipley, Fl 32428	Remove
			Change
			□ Remove
			☐ Change
			ZS ₩ Add
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			□ Change
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		<u> </u>	☐ Remove

D. If amending any other i	mormation, enter (enange(s) nere:	элнасн аданюна	i sneets, if necesso	# <u>W.</u>)
					
					
					
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the record specifies a (lelayed effective he record is filed	date, but not a	an effective tim	e, at 12:01 a.m	on the earlier of:
Dated June 19		2018			
Br	igett Idw	member or arbori	zed representative of a	unombar.	
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Filing Fee: \$25.00