11900000 4328

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	ne)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	-



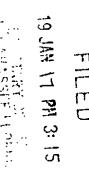


100322764451

01/17/19--01010--010 *+25.00

S TALLENT JAN 25 2019

mard



		COVER LETTER	
TO: Registratio Division of	n Section Corporations		
20 4 1 by 1 by 2 4711	E BEAUTY LINE LLC	•	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	STEEVE FENELON		
		Name of Person	-
		Firm/Company	.
	3355 BLUE FIN DR		
		Address	
	WEST PALM BEACH/ F	LORIDA 33411	
	,	City/State and Zip Code	
	SFENELON07@GMAIL.C	COM	
	E-mail address: (to be used for future annual report notif	fication)
For further information	on concerning this matter, please c	all:	
CARMLYN'S FENE	ELON	561 598-3629 at ()	
Nar	ne of Person	Area Code Daytime	e Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fee	e S30.00 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

DIVINE BEAUTY LINE LLC (Name of the Limited Liabilit	ty Company as it now appears on our records.) Limited Liability Company)		
(A Florida	Limited Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on 01/02/2019		and assigned	
Florida document number L19000004328	··		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		:	
(Principal office address MUST BE A STREET ADDR	PESS)	= = =	
		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		7.0	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		nter the name of the n	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florid		
	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) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CARMLYN'S FENELON	3355 BLUE FIN DR	
		WEST PALM BEACH FL, 33411	- Nud
			☐ Remove
			Change
MGR	STEEVE S FENELON	3355 BLUE FIN DR	
		WEST PALM BEACH FL 33411	
			■ Remove
			□ Change
			Add
			□ Remove
		Change	
			□ Add
			☐ Remove
			□ Change
			
			Remove
			Change
			Add
			□ Remove
			Change

,			<u>.</u>			
			· · · · · · · · · · · · · · · · · · ·	·		
		<u></u> .				
				 		
				<u>.</u>		
				·		
					 	
Note: If the date i	other than the date listed, the date must be s nserted in this block over date on the Depart	does not meet the ap	plicable statutory fil	(opt more than 90 days afte ing requirements, th	ional) r filing.) Pursuant to 605.t is date will not be listed	0207 d as
	fies a delayed eff after the record		not an effective	e time, at 12:01	a.m. on the earlie	er of
	. 15	2019	·			
JANUARY Dated	α	/ 0, _	1			
Dated ANUARY	Sh	~ D-	4-6-			
Dated HANDARY	Sh.	ature of a member or a	nuthorized representati	ve of a member		

Page 3 of 3

Filing Fee: \$25.00