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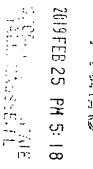
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R. WHITE MAR () 4 2019

COVER LETTER

Division of Corporations
SUBJECT: Divine Quintessence Fragances LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maria Cyub, Pres. Name of Person
Firm/Company
6568 SW 20th Ct.
Address
Ft. Lauderdale, FL 33317 City/State and Zip Code ayubmaria@gmail. com E-mail address: (to be used for future annual report notification)
<u>ayubmaria@gmail.com</u> E-thail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maria Cyub Name of Person at (954) 465-9588 Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF ORGANIZATION DE

The Articles of Organization for this Limited Liability Company were filed on February 12, 2019 and assigned

Florida document number <u>L1900004275</u>

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liab	ility company here:
Divine Quintess The new name must be distinguishable and contain the words "Limited Liabil	ence Fragrances LLC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u></u>
Enter new mailing address, if applicable:	n /
(Mailing address MAY BE A POST OFFICE BOX)	/A-
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	n/
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	n/p

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Change
		<u> </u>	□ Add
		<u>/</u>	□ Remove
		/ <u> </u>	□ Change
		· -	□ Remove
			□ Add
	,		□ Remove
			Add
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iote:	live date, if other than the date of filing: February 10, 2019 (optional) fective 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 ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier ϵ 90th day after the record is filed.
ated	February 21, 2019
	Signature of a member or authorized representative of a member
	Maria Calus