## 119000112271

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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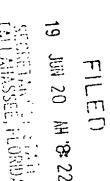
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JUL 0 1 2019 S. YOUNG



## **COVER LETTER**

Division of Co	rporations		
SUBJECT:	Diva- Name of Limi	bliss Couture ited Liability Company	LL(
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter (	to the following:	
		Y Davidson Name of Person  Divabliss Ca Firm/Company  Address  City/State and Zip Code	
	E-mail address: (t	o be used for future annual rep	port notification)
For further information of	concerning this matter, please ca	ill:	
Nemy W	acidsin of Person	at ( <u>S61</u> ) Area Code	308 2292 Daytime Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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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 TO ARTICLES OF ORGANIZATION OF

<u>_</u>	
Diverblus (or	uture Par E
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.)
(A Piorida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on 412412019 and assigned
Florida document number <u>£ 19000   12271</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
Duzzi	N1A
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 applicables	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	1011-1
	·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off	ice address on our records, enter the name of the r
registered agent and/or the new registered office address here:	
Name (CNov) Decision of Access	1 / 1
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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, <u>enter the title, name, and address of each person\_being ador removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
METR	Stennett Davidson	1500 NW 128 DAVE KP	🗖 Add
			Remove
			Change
AMGR	Kerry Davidson	1500 NW 128 Drue sun 124 +1, 33323	🗹 Add
		Stennett Davidson	Remove
		1500 NW 128 Drie synase fl 33323	Change
			Add
		······································	□ Remove
		O Add	
			□ Remove
			Change
			🗅 Add
			□ Remove
			Change
	- <del></del>		D Add
			Remove
			□ Change

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	····
Note: H	date, if other than the date of filing:
	ed specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	Oth day after the record is filed.
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The 90	b/17/15.
The 90	

Page 3 of 3

Filing Fee: \$25.00