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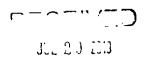
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(Business Entity Name)
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COVER LETTER

Division of Con	rporations		
DIVAS AF	PPARELL LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		LEON BALZA	
		Name of Person	
	L & N (SINC	
		Firm/Company	
	3'	785 NW 82ND AVE STE 209	
		Address	
		DORAL FL 33166	
	LNG	City/State and Zip Code RALFILING@YAHOO.COM	
	E-mail address: (to be used for future annual report	notification)
For further information of	concerning this matter, please co	all:	
LEON B	ALZA	786 235-0909)
Name o	of Person	at () Arca Code Day	ytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COI	JRIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DIVAS APPAREL LLC	
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited l	Liability Company were filed on April	1 26, 2019 and assigned
lorida document number L19000113743	·	
his amendment is submitted to amend the fol	flowing:	
a. If amending name, enter the new name	of the limited liability company here	<u>e</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company," the des	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STRE	ET ADDRESS)	
		<u> </u>
		F7.
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> </u>	·· ;
3. If amending the registered agent and egistered agent and/or the new registered of New Registered Agent:		our records, <u>enter the name of the</u>
Nav. Pagintanad Office Address.	7910 WEST DR SUITE 206	
New Registered Office Address:		a street address
	NORTH BAY VILLAGE	, Florida 33141
	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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>N</u> ame	<u>Address</u>	Type of Action
4.140.0	YOHAIRA DAJUD	7910 WEST DRIVE	
AMBR			
		SUITE 206	
			■ Remove
		NORTH BAY VILLAGE, FL 33141	☐ Change
	JOHAIRA DAJUD VILLEGAS	7910 WEST DRIVE	
AMBR	7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Add
		SUITE 206	
		NORTH DAVING A CO. W	Remove
		NORTH BAY VILLAGE, FL 33141	☐ Change
			Add
			□ Remove
			Change
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(If an effection Note: If the	date, if other than the edate is listed, the date must be date inserted in this best seffective date on the E	st be specific and o ock does not me	annot be prior to et the applicab		nore than 90 days		
	i specifies a delaye th day after the rec		ite, but not a	an effective	time, at 12:	01 a.m. on ti	ne earlier of
Dated	.Y 9		2019		j		
		Moh	ayra	Daru	S V	·	
	•-	Signature of a ma	ember og authori:	zed representativ	e of a member		
	-	Johan	ra Da	- (ud	VILLE	-gas	