

L19000162752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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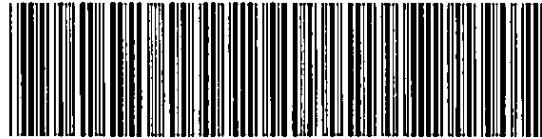
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATION
ALLAHABAD, FLORIDA

2020 JUL 21 AM 7:33

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIVINE FEMME 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:

RAMUTH, LARISSA

Name of Person

Firm/Company

14951 ROYAL OAKS LN UNIT 407

Address

Miami FL 33181

City/State and Zip Code

mail@FrancisStark.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larissa Ramuth

at (786) 6097098

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DIVINE FEMME LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 JUL 21 AM 7:33
CLERK OF THE COURT
DIVISION OF CORPORATE
AFFAIRS - FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/20/2019 and assigned
Florida document number L19000162752

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MUTH CLOTHING LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 14, 2020

~~darima Ramu~~

Typed or printed name of signee