L20000172855

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	=
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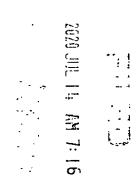


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COVER LETTER

TO: Registration Se Division of Cor	porations	•	•
DIVINE BI SUBJECT:	EAUTE LLC	• • •	
	Name of Lir	nited Liability Company	····
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspon	ndence concerning this matter	r to the following:	
	KATIANA VALENTIN		
	-	Name of Person	
		Firm/Company	
	3073 SE PRUITT RD	, .	
		Address	
	PORT SAINT LUCIE, FL	. 34952	
		City/State and Zip Code	
	loveenani5@icloud.com		
		to be used for future annual report notil	lication)
For further information co	ncerning this matter, please c	ail:	
KATIANA VALENTIN		561 797-9734 at ()	
Name of	Person		: Telephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 Fiting Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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 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

2020 JUL 11, AH T

DIVINE BEAUTE LLC

(<u>Name of the Limited Liah</u> (A Flor	ida Limited Liability Company)	o.
The Articles of Organization for this Limited Liability	Company were filed on 06/22/2020	and assigned
Florida document number L20000172855	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADI		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, enter the na	·
Name of New Registered Agent:		Jb
New Registered Office Address:		
	Enter Florida sircet address	
	Florida	
	City	Zin 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 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>Name</u>	Address	Type of Action
MGR	KATIANA VALENTIN	3073 SE PRUITT RD.PORT ST LUCIE FL 34952	= Add
			□Remove
			Change
			□Add
			□ Remove
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			🗆 Add
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Filing Fee: \$25.00