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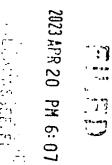
(Requestor's Name)
(Address)
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, , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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04/20/29--01015--009 **25.00



COVER LETTER

TO: Registration Se Division of Corp			
SUBJECT: Dec	evine Aesthe	tics LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Deanr	na Hutchinso	\sim
		Name of Person	
	Deevin	e Aesthetics LL Firm/Company	C
		Firm/Company	
	92 Sparr	-cn Ln	
	· · · · · · · · · · · · · · · · · · ·	Address	
	Rayal F	Palm Beach, FL City/State and Zip Code	33411
	Deehut	City/State and Zip Code + ch enter prises o be used for future annual report not	11c (agnal. con
			neadony
For further information co	oncerning this matter, please ca	ш:	
Deanna		at (772)777	-5188
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	c following amount:		
\$25.00 Filing Fee Section S	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 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

1)eevine	Hesthe!	hics LLC		
(Name of the Limited	Liability Compan Florida Limited Li	ny as it now appears on our iability Company)	$\frac{r \text{ records.}}{2}/2$	<u></u>
The Articles of Organization for this Limited Liab		were filed on	18/202	and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the		lity company here:		
Dee Hutch Enterprise	s LLC			2
The new name must be distinguishable and contain the word	ds "Limited Liabili			
Enter new principal offices address, if applicab	le:	6139 Ind		
Principal office address MUST BE A STREET.	ADDRESS)	Lake Worth	, FL 33C	168 .
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or reg	istered office ac	<u>+L 3.59111</u>	u Ln Pa	ya Palm Beach
agent and/or the new registered office address l	<u>here</u> :			
Name of New Registered Agent:		na Hutchin		
New Registered Office Address:	6139	Indian Fores	taddress	
		Woth		33462
		City	, г югіца	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 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>Name</u>	Address	Type of Action
MGR	Deanna Hutchinen		□Add
			□Remove
		6139 Indian Forot Cir Lake Worth, FL 33463	
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	<u> </u>
_	
_	
n effec <u>te:</u> l	ve date, if other than the date of filing:
cord s filc	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
ed _	April 8 2023.
	Jan h
	Signature of a member or authorized representative of a member
	Deanna Hutchinson