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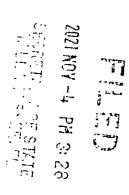
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COVER LETTER

TO:

TO: Registration Se Division of Cor			ě
SUBJECT: Divanza, L	LC		
		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:	
	Aliamna Penate		
		Name of Person	
			20
		Firm/Company	2021 NOV -4
	5298 Murphy ST		
	3290 Waiphy 31	Address	%0 P [1]
	Port Charlotte,FL 33981		
		City/State and Zip Code	ं हीं ले
	ali.blissbeautyboutique@gr	nail.com	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please co	all:	
Aliamna Penate		at (941) 441-6500	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	■ \$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 Addres		Street Address: Registration Sec	rtion
Registration Section Division of Corporations		Division of Corp	
P.O. Box 632	•	The Centre of T	
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bliss Beauty Boutique, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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.	Divanza, LLC		
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 and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	(Name of the Limited Liability Company (A Florida Limited Lia	bility Company)	
Plorida document number 1.21000089699 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bliss Beauty Boutique, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	The Articles of Organization for this Limited Liability Company w	vere filed on 02/23/2021	and assigned
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New Registered Office Address: Enter Florida street address , Florida	57 57 57	dress on our records, <u>enter the n</u>	ame of the new regi
Enter Florida street address , Florida	Name of New Registered Agent:		
, Florida	New Registered Office Address:		
		Enter Florida street address	
City Zip Code		, Florida	
		City	Zip Code

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
AMBR	Alejandro Almaguer	5298 Port Charlotte FL 33981	
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	date, if other than t we date is listed, the date r		or to date of filing	or more than 90 d	_ (optional) ays after filing.		unt to 605,0
	he date inserted in this 's effective date on the			filing requireme	nts, this date	will no	t be listed
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