

121000399892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

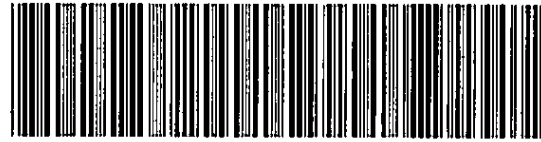
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS  
JAN 27 2022



600375560856

10/27/21 --01012--002 \$425.00

2022 JAN 25 PM 9:45  
DEPT OF STATE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2021

FRANCES M MIDDLETON  
400 EL CAMINO DR.  
APT 207  
WINTER HAVEN, FL 33884

SUBJECT: DIOSAS EXPRESSIONZ  
Ref. Number: L21000399892

We have received your document for DIOSAS EXPRESSIONZ and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers  
Regulatory Specialist II

Letter Number: 121A00026995

COVER LETTER

October 27,  
2021  
Original  
Submission  
date

TO: Registration Section  
Division of Corporations

SUBJECT: Diosas Expressionz  
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:

Frances M Middleton  
Name of Person

Diosas Expressionz  
Firm/Company

400 E1 Camino Dr Apt 207  
Address

Winter Haven FL 33884  
City/State and Zip Code

Diosasexpressionz@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frances M Middleton at 707 298 6622  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee

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

Diosas Expressionz

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

The Articles of Organization for this Limited Liability Company were filed on September 9, 2021 and assigned Florida document number L 21000399892

This amendment is submitted to amend the following:

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

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)*

4728 Rockvale Dr  
KISS FL 34758

**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.*

2021 JAN 28 PM 9:14  
STATE OF FLORIDA  
SOS

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>         | <u>Address</u>                              | <u>Type of Action</u>  |
|--------------|---------------------|---|--|
| AMBR         | Beatriz A Rodriguez | 4365 Bath Eddie Rd<br>Hephzibah GA<br>30815 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| _____        | _____               | _____                                       | <input type="checkbox"/> Change  |
| _____        | _____               | _____                                       | <input type="checkbox"/> Add   |
| _____        | _____               | _____                                       | <input type="checkbox"/> Remove  |
| _____        | _____               | _____                                       | <input type="checkbox"/> Change  |
| _____        | _____               | _____                                       | <input type="checkbox"/> Add   |
| _____        | _____               | _____                                       | <input type="checkbox"/> Remove  |
| _____        | _____               | _____                                       | <input type="checkbox"/> Change  |
| _____        | _____               | _____                                       | <input type="checkbox"/> Add   |
| _____        | _____               | _____                                       | <input type="checkbox"/> Remove  |
| _____        | _____               | _____                                       | <input type="checkbox"/> Change  |
| _____        | _____               | _____                                       | <input type="checkbox"/> Add   |
| _____        | _____               | _____                                       | <input type="checkbox"/> Remove  |
| _____        | _____               | _____                                       | <input type="checkbox"/> Change  |



Diosas Expressionz LLC

To Beatriz Rodriguez,

I, Frances Middleton registered agent and member manager of the LLC am writing you this letter regarding updating the member list for Diosas Expressionz LLC L21000399892. This correspondence is to confirm the removal of your name from the LLC. Please sign the document below to affirm your agreement to your name removal of the LLC listed above.

Thank you in advance,

DocuSigned by:  
*Beatriz Rodriguez*  
FEA3FCA005934F5  
Beatriz Rodriguez

DocuSigned by:  
*Frances Middleton*  
27F9AA0B4079436  
Frances Middleton

DocuSigned by:  
*Gloria G Cruz*  
A98FE1FEF6B1403  
Gloria G Cruz

DocuSigned by:  
*Jennifer L Medeiros*  
BE00328FDC194C7  
Jennifer L Medeiros