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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dymond Lips And More 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:
Tiffany Dymond Williams Name of Person
Dymond Lips And More
2868 SW 146th PL Rd
Ocqla FL 34473 City/State and Zip Code Tymond [Sandmoren gmail.com E-mail address: (to be used for future animal report notification)
For further information concerning this matter, please call:
Tiffany Dynard Williams at (35) 875-7689 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status 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

Dymond Lips And More of the Limited Liability Com	Mole, L. C. pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>£ 230005)783</u> .	ny were filed on January 30, 23 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited list. Dymond L'PS And More The new name must be distinguishable and contain the words "Limited List. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	: "LLC"
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	te address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: 2868	ny Dymond Williams 3 Sw 146 th PL Rd Enter Florida street address Ocala Florida 34473 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

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	Tiffany Williams	2868 SW 146th PL	Rd - Add
		2868 Sw 146th PL Ocala, FL 34473	□Remove
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(If an effective of Note: If the	ate, if other that date is listed, the da date inserted in effective date on	ate must be speci this block does	ific and cann s not meet t	the applicable	date of filing of statutory fi	r more than 9 ling require	(option 0 days after firments, this o	ling.) Pursuant	to 605,0207 (2 e listed as th
he record spec ord is filed.	ifies a delayed el	fective date, b	out not an ei	ffective time.	, at 12:01 a.r	n, on the ea	rlier of: (b)	The 90th day	after the
Dated F	brugry	27	<u></u>	1023					
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Filing Fee: \$25.00