

L23000 W08 987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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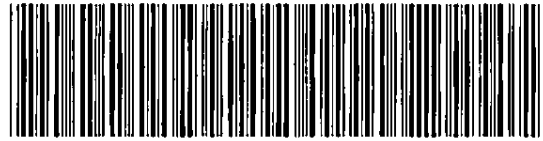
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Every Woman is a Goddess. LLC

\_\_\_\_\_  
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:

Stephanie Dixon

\_\_\_\_\_  
Name of Person

EVERY WOMAN IS A GODDESS, LLC

\_\_\_\_\_  
Firm/Company

9401 E Fowler Ave Lot 112

\_\_\_\_\_  
Address

Thonotosassa

\_\_\_\_\_  
City/State and Zip Code

33592

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Stephanie Dixon

702

557-5380

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee

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

EVERY WOMAN IS A GODDESS, LLC

(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 AUGUST 31st, 2023 and assigned  
Florida document number L23000408987.

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)**

9401 E Fowler Ave Lot 112

Thonotosassa, Fl

33592

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

573 N Emroy Ave

Elmhurst, IL

60126

**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:

Stephanie Dixon

New Registered Office Address:

9401 E Fowler Ave lot 112

*Enter Florida street address*

Thonotosassa

Florida

33592

*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.*

  
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Stephanie Marie Dixon	573 N Emroy Ave, Elmhurst, IL 60126	<input checked="" type="checkbox"/> Add
		382 NE 191ST ST. #819931 Miami,FL 33179	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	CHEYENNE MOSELEY, LEGAL.		<input type="checkbox"/> Add
		United States Corporation Agents, INC. 476 Riverside	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE  
TALLAHASSEE, FL

2021 JAN -8 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FL

SECRET  
TALLAHASSEE, FL.  
2021 JAN -8 AM 9:12

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 1/3/2024, \_\_\_\_\_

Stephanie Dixon  
Typed or printed name of signee