8/14/23, 9:21 AM

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Fax Number

Phone

: (307)200-2803 : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DIVINE STYLZ, LLC

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Page Count	03
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T. LEMIEUX

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Divine Stylz, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our reco liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number L23000363619	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "Ll.	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		€ ω 6
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street addre	395
	1:	lorida
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	verformance of my duties, a vovided for in Chapter 605,	and I am familiar with and F.S. Or, if this document is

8/14/2023 06:24:29 PDT .

Tc: 18506176383

Page: 3/4

From, Registered Agents Inc.

Fax: 8134365206

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	Michael Ross	7901 4th St N STE 300	X iAdd
		St. Petersburg, FL 33702	□Remove
			[iChange
			□Remove
			□Add
			□Remove
			ПСhange
			FlAdd
			©Remove
			□Change
			□Add
			□Remove
			© Change
			□Add
			□Remove
			Fi Changa

	1873/1	Signature of a meni	ber or authorized rej	resentative of a memb	er	
Dated _	8/14	. 2	023			
the record ecord is file	specifies a delayed effect d.	etive date, but not an	effective time, at 1	2:01 a.m. on the earl	ier of: (b) - The 90th da	y after the
Note: 1	te date, if other than to cave date is listed, the date if the date inserted in this out's effective date on the	s block does not meet	the applicable stat	tiling or more than 90 utory tiling requiren	(optional) days after filing) Pusuant nents, this date will not	to 605.0207 (3)) be listed as the
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Typed or printed name of signee