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EXAMINER

JUL 14 2008

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SECRETARY OF STATE ALLAHASSEF, FI OBION

FILED

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	ECT:	DIVA AT	HLETICA, LLC	
50 201			ited Liability Company)	
The en	closed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			MAURICIO OJEDA	
			(Name of Person)	
		D	DIVA ATHLETICA, LLC	
			(Firm/Company)	
			2622 RAVELLA LANE	
			(Address)	PER S T
		PALM	M BEACH GARDENS, FL 33410	TALLAHAA
			(City/State and Zip Code)	震 m
For fu	rther information c	oncerning this matter, please c	all:	2: 2 STAT LORI
	JONATH	AN BURLEIGH	at (248) 743-6012	OF S
	(Name o	of Person)	(Area Code & Daytime To	elephone Number)
Enclos	sed is a check for th	ne following amount:		
☑ \$25	5.00 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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons · Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVA ATI	HLETICA, LLC			
(Name of the Limited Liability Com	pany as it now appears on our records.) ed Liability Company)			
(A Florida Limite	ed Liability Company)			
The Articles of Organization for this Limited Liability Compa	any were filed on JULY 01 2008 and assigned			
Florida document number L08000064196				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company here:			
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS				
	ALL SEC			
	CRE JUL			
Enter new mailing address, if applicable:	ASS _			
•	——————————————————————————————————————			
(Mailing address MAY BE A POST OFFICE BOX)				
	PATE 29			
	office address on our records, enter the name of the nev			
registered agent and/or the new registered office address	<u>nere</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida street address)			
	, Florida			
	(City) (Zin 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	KRISTINE HERB	574 TOWNSEND ST BIRMINGHAM, MI 48009	△ Add ☐ Remove
MRGM	KRISTINE CLARK	574 TOWNSEND ST BIRMINGHAM, MI 48009	☑ Add ☐ Remove
			Add Remove
		SECRETAL	Add Remove
		TARY OF STAIL ASSEE, FLORIDA	Remove Remove Add Remove
D. If ame	nding any other information, ente	er change(s) here: (Attach additional sheets, if nece	ssary.)
` .			
Dated	JULY, 7 Xisting Signature of	2008 Clark a member or authorized representative of a member	
		KRISTINE CLARK	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00