

Florida Department of State

Division of Corporations

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DIVO ENTERPRISE, LLC**

Certificate of Status	0
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CALL AGENTS FOR ASSISTANCE

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FLORIDA

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November 12, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DIVO ENTERPRISE, LLC
15315 SW 76TH TERRACE
208
MIAMI, FL 33193

SUBJECT: DIVO ENTERPRISE, LLC
REF: L15000202670

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt
Regulatory Specialist III

FAX Aud. #: H21000417360
Letter Number: 221AC0027481

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVO ENTERPRISE, 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 12/04/2015 and assigned
Florida document number L15000262670.

This amendment is submitted to amend the following

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

N/A

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:

1865 BRICKELL AVE A410

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33129

Enter new mailing address, if applicable:

SAME AS ABOVE

(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:

1865 BRICKELL AVE A410

Enter Florida street address

MIAMI

City

Florida 33129

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

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Date: Nov 09 2021

Signature of a member or authorized representative of a member

EDUARDO A JIMENEZ LOPEZ

Typed or printed name of signer

Filing Fee: \$25.00

100

26 NOV 12 PM 1:18

ST. JOHN'S
HOSPITAL