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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO		egistration Se ivision of Cor					
CI	IR IECT		ATE ENTERTAINMENT, LL	С			
Name of Limited Liability Company							
Th	e enclos	ed Articles of .	Amendment and fee(s) are sub-	mitted for filing.			
Ple	ease retu	rn all correspo	ndence concerning this matter	to the following:			
			Phedre Pierre JR				
				Name of Person			
				Firm/Company			
			3528 Lothair Ave				
				Address			
			Boynton Beach, FL 33436				
				City/State and Zip Code			
			pj4xtrader@hotmail.com				
			E-mail address: (t	to be used for future annual report noti	fication)		
Fo	r further	information co	oncerning this matter, please ca	all:			
Pł	nedre Pie			561 706-9462 at ()			
		Name of	Person	Area Code Daytim	e Telephone Number		
En	closed is	s a check for th	e 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 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRIND STATE ENTERTAINMEN	IT, LLC		
(Name of the Limite	ed Liability Compa (A Florida Limited l	ny as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Li	ability Company	were filed on07/05/	2016 and assigned
Florida document number L16000126989	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
DIVERGENCE PARTNERS, LLC			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3528 Lothair Ave	
(Principal office address MUST BE A STREE	T ADDRESS)	Boynton Beach, FL	33436
		3528 Lothair Ave	WE PARY C
Enter new mailing address, if applicable:		Boynton Beach, FL	22426
(Mailing address MAY BE A POST OFFICE BOX)		Boymon Beach, FL	33430 22 2
B. If amending the registered agent and/or registered agent and/or the new registered of Name of New Registered Agent:			r records, <u>enter the name of the nev</u>
	3528 Lothair A		
New Registered Office Address:	3326 Louian A	Enter Florida s	traat addracs
	Boynton Beach		, Florida 33436
		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>	Address	Type of Action
MGR	Phedre Pierre Jr	3528 Lothair Ave	Add
		Boynton Beach, FL	□ Remove
			□ Change (oco)(ess
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Effective date if athenthen th					(4:	1)		
Effective date, if other than the fan effective date is listed, the date m	ust be specific and	d cannot be price				ling.) Purs		
Note: If the date inserted in this document's effective date on the				ory filing requ	irements, this o	date will	not be !	listed as
	•							
e record specifies a delaye The 90th day after the re			ot an effe	ctive time,	at 12:01 a.	m. on t	he ea	rlier o
August 25		2017						
Dated Magast 25		,	/ ·	_				
	6/			7				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00