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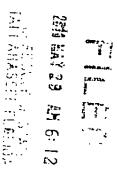
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J. HARRIS

COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations	
SUBJECT: DIVYA 22, LLC	
(Name of Limited Liability	(Company)
The enclosed member, resignation or dissociation and f	fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
J. ADAM ALBRITTON, ESQ.	
(Contact Person)	
ADAM ALBRITTON LAW, LLC	
(Firm/Company)	
2901 W. 11th STREET	
(Address)	
PANAMA CITY, FL 32401	
(City/State and Zip Code)	
For further information concerning this matter, please ca	all:
J. ADAM ALBRITTON at (_ 85	0) 640-3133
(Name of Contact Person) (Area C	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid \$\sigma\$ \$25 Filing Fee \$\sigma\$ \$55 Fil	la Department of State for: ling Fee & Certified Copy
CTREET COLUMN	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS:
Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVYA 22,	, LLC				
(Name of the Limited L (A F	iability Company as it now appea lorida Limited Liability Company)	irs on our records.)			
The Articles of Organization for this Limited Liabil	ity Company were filed on _	4-18-2018	and as	ssigned	
Florida document numberL1800007620	·				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	limited liability company h	<u>ere</u> :			
The new name must be distinguishable and contain the words	ut inited flightlife Company 9 sha	decimation "LLC" or the ab	hraviation "I	1.0"	
		designation bee of the ad	Sicvindion 1	2000 2000 2000 2000 2000 2000 2000 200	
Enter new principal offices address, if applicable					-
(Principal office address MUST BE A STREET A	DDRESS)			₹ <u>5.</u> -€	
			<u> </u>	P-O	\$2.00 to
				ייבול	iz Virgini
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX	O		14. Pr	2:	•
			San F	∾	_
B. If amending the registered agent and/or r registered agent and/or the new registered office	_	our records, enter	the name	of the	new
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Flor	rida street address			-
		, Florida	 		
	Ciţ		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	RASILABEN N. PATEL	1606 SYDNEY LANE	
		LYNN HAVEN, FL 32444	∕J∑ Remove
			Change
MGR	VASANT K. PATEL	1606 SYDNEY LANE	XX Add
		LYNN HAVEN, FL 32444	🗆 Remove
			Change
			D Add
			□ Remove
			Change
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			Remove -
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			⊔ Remove

 	
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Effective date, if other than the date of filing:	ional) or filing.) Pursuant to 605.0207 is date will not be listed as
ne record specifies a delayed effective date, but not an effective time, at 12:01 The 90th day after the record is filed.	a.m. on the earlier of
Dated	
Acht Rillen	
1 V C/V/V / 1 T T V C / V C / V	Side Co
Signature of a member of authorized representative of a member	
Signature of a member of authorized representative of a member VASANT K. PATEL	

Page 3 of 3

Filing Fee: \$25.00