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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX CARE CELEBRATION

Account Number : I20190000007

: (786)845-8854

Phone

Fax Number

: (321)473-3052

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **DIVAS OPTIONS, LLC**

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SEP 2 4 2021

S. PRATHER

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COVER LETTER

	Division of Cor			
SUBJEC	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	TIONS LLC		
SOPAL	· 1 ÷	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Picase re	turn all correspo	ndence concerning this matter	to the following:	
		JESSICA TORRES		Daytime Telephone Number \$ \begin{align*} \$60.00 \text{ Filing Fee,} \\ \text{Certificate of Status & Certified Copy} \\ \text{(additional copy is enclosed)} \end{align*}
			Name of Person	
		TAX CARE FRANCHISE	E GROUP	
			Firm/Company	
		1400 NW 107TH AVE ST	E 203	
			Address	·
		SWEETWATER FL 3317	2	
			City/State and Zip Code	
		JESSICA.TORRES@TAX		
5.5.			to be used for future annual report noti	ification)
		oncerning this matter, please c	all:	
JESSICA	TORRES		786 845-8854 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	e following amount:		
≘ \$25.6	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	The Centre of T	porations Fallahassce e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF ORGANIZATION OF					
		EX EX	FILE		
DIVAS OPTIONS LLC		35E-7			
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	2021 SEP 23 PH I			
The Articles of Organization for this Limited Liability Company	were filed on 05/13/2019	REAL PROPERTY.	Л		
Florida document number L19000129000			ی		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviat	tion "L.L.C."	<u></u>		
Enter new principal offices address, if applicable:	3097 POLK AVE				
(Principal office address MUST BE A STREET ADDRESS)	SPRING HILL FL34609		_		
			-		
Enter new mailing address, if applicable:	3097 POLK AVE				
(Mailing address MAY BE A POST OFFICE BOX)	SPRING HILL FL 34609				
			_		
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of th	he new regist	ered		
agent and/or the new registered office address here:					
Name of New Registered Agent:			_		
New Registered Office Address:			_		
new registered Office Authors.	Enter Florida street address		_		
	Florida				

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
			□Add
			□Remove
			☐ Change
			DAdd
			□Remove
			[]Change
			DAdd
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Note: If the	ate, if other than the dat date is listed, the date must be se date inserted in this block effective date on the Depar	does not meet the applic	cable statutory filing requi	(optional) n 90 days after filing.) Prirements, this date wi	ursuant to 605.0	9207 (3) I as the
e record spec	cifies a delayed effective dat	tc, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The S		the
rd is filed.					¥ss	
SEPT	TEMBER 23,	2021	•		1 C 2 R H C	2021 SEP 23
			_		ĬAŔŶ ASSE	23
_	Sign	lature of a member or auth	orized representative of a me	ember		3
			-		STATE LORID	l l: 53
•	HELIGA I OTERO				₹	••

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