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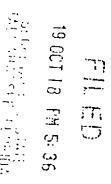
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Divi	ne Group LLC					
SUBJECT:		Name of Limi	ited Liability Company				
The enclosed Artic	:les of An	nendment and fee(s) are subt	mitted for filing.				
Please return all co	orresponde	ence concerning this matter	to the following:				
		1	Narada Abrahams				
			Name of Person				
		D	ivine Group LLC				
			Firm/Company				
		5039 P	ueblo Street				
			Address				
		Orl	ando, FL 32819				
		City/State and Zip Code					
		-	cing24@yahoo.com				
			to be used for future annual repor	1 notification)			
		cerning this matter, please ca	ıll:				
Marvin M. Sonne, EA		352 357	7-1780				
	Name of Po	erson	Area Code D	aytime Telephone Number			
Enclosed is a chec	k for the t	following amount:					
★ 3 \$25.00 Filing	Fee	□ \$50.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Registrati	G ADDRESS: on Section of Corporations 6327	STREET/CO Registration S Division of C Clifton Build	orporations			

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ne Group LLC
(<u>Name of the Limited Liabilit</u> (A Florida	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 6/27/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ed liability company here:
Divine Group of Central	Florida LLC
The new name must be distinguishable and contain the words "Limi	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	vi
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent.	ered office address on our records, enter the name of the new
Name of New Registered Agent:	<u></u>
New Registered Office Address:	Enter Florida street address
	Emer vioriaa street aaaress
	. Florida
	City Zip Code

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>	<u>Address</u>	Type of Action
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			Change
			☐ Remove
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Effective	date, if other than the da	ite of filii	ng:			(optio	nal)		
Note: If t	he date inserted in this block	c does not	meet the appli	cable statutor	ig or more than y filing requir	90 days after rements, this	date wil	rsuant t I not b	o 605.02 2 listed a
document	's effective date on the Depa	irtment of	State's record	S.					
ne record The 90	d specifies a delayed e oth day after the record	ffective d is filed	date, but n l.	ot an effec	tive time, a	at 12:01 a	.m. on	the e	arlier
	October 11 Marad		2019	·					
Dated	Λ	,	$\Lambda I = \Lambda$	•					

Page 3 of 3

Filing Fee: \$25.00