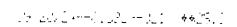
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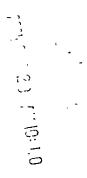
(Red	questor's Name)	
(Add	lress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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COVER LETTER

	Registration Se Division of Co			
SUBJEC		IADNESS LLC		
SUBJEC	· I ·	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		RICHARD BOLKO		
			Name of Person	
		LAW OFFICE OF RYSZ	g this matter to the following: OLKO Name of Person E OF RYSZARD BOLKO PLLC Firm/Company RESS CREEK RD, 202 Address ERDALE, FL 33309 City/State and Zip Code OLKOLAW.COM nail address: (to be used for future annual report notification) ster. please call: at (561) 609-0199 Area Code Daytime Telephone Number nt: g Fee & S55.00 Filing Fee & S60.00 Filing Fee,	
			Firm/Company	-
		2933 W CYPRESS CREE	K RD, 202	
			Address	
		FORT LAUDERDALE, F	L 33309	
		RICHARD@BOLKOLAW	·	
		E-mail address: (to be used for future annual report i	notification)
For furthe	er information c	oncerning this matter, please c	all:	
RICHAR	D BOLKO)
	Name o	f Person		time Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
F	Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Division of C	Section

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVINE MADNESS LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears Jability Company)	on our records.)	
The Articles of Organization for this Limited I	Jiability Company	were filed on $\frac{0.1/C}{C}$	08/2020	and assigned
lorida document number L20000015358				
his amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	lity company her	<u>e</u> :	
<u> </u>				
he new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the de-	signation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicable:		114 NW 25th St.	Unit #218, Miami, FL	33127
Principal office address MUST BE A STRE	ET ADDRESS)			
				•
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		114 NW 25th St.	Unit #218, Miami, FL.	3127
				
				•
 If amending the registered agent and/or gent and/or the new registered office addre 		ddress on our red	cords, <u>enter the name</u>	of the new regis
				ب
Name of New Registered Agent:	R. BOLKO, CPA P.A			
New Registered Office Address:	2933 W CYPRI	ESS CREEK ROAL	SUITE 202	
-		Enter Florio	la street address	
	FORT LAUDE	RDALE	Florida _ ³³³	09
		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	MURPHY, THOMAS P, JR	8586 POTTER PARK DR	🗆 Add
		SARASOTA, FL 34238	■Remove
MGR	LUKASZ KOZOWY	114 NW 25th St. Unit #218, Miami, FL 33127	□Change
 -			
		 	□ Remove
			□ Change
			🗆 Add
			□Remove
			□ Change
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			□Change
			🗆 Add
			🗆 Remove
			□ Change

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ective date, if other than the d	ate of filing:	(optional)	
reflective date is listed, the date must l	be specific and cannot be prior to dat	te of filing or more than 90 days after filing.) I statutory filing requirements, this date w	ursuant to 605.0201
cument's effective date on the Dep	partment of State's records.	statutory filling requirements, this date w	in not be fisted as
ecord specifies a delayed effective	date, but not an effective time, a	at 12:01 a.m. on the earlier of: (b) The	90th day after the
s filed.			
000000140700	2024		
	2024		
sed SEPTEMBER 11	··		
ed SEPTEMBER II	··		
red		f representative of a member	

Typed or printed name of signee

 $\mathbf{v}_{\mathbf{k}} = (\mathbf{v}_{\mathbf{k}}, \mathbf{v}_{\mathbf{k}}) = \mathbf{v}$