## 120000324775

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

Division of Co				
SUBJECT: DIVIT INV	ESTMENT LLC			
JOBSECT.	Name of Li	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
	DAYANA R MARTINEZ I	HERRERA		
		Name of Person		
	DIVIT INVESTMENT LLC			^.
		Firm/Company		7 1 L 2021 AUS -7 SECRETAR'
	2300 WEST 84 STREET			AUG
		Address	NHX NHX	
	HIALEAH, FLORIDA 330	16	ට ග ආ	-7 PH 2
		City/State and Zip Code	in .	PH 2: 17 OF STATE
	magicalmomentstoreme E-mail address: (	mberlic@gmall.com to be used for future unnual report notifi	cation)	17 ATE
For further information of	concerning this matter, please c	all:		
DAYANA R MARTINEZ	Z HERRERA	et ( 305) 812-2388		
Name o	f Person		Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	(X) \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fer Certificate of St Certified Copy (additional copy is e	atus &
Mailing Addres Registration S Division of C	Section	Street Address: Registration Sect		
P.O. Box 632		Division of Corpa The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(iname of the Limited Liability Comps	ny as it now appears on our records. Liability Company)	)
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/13/2020	and assigned
lorida document number L20000324775		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited ligh	oility company here:	
MAGICAL MOMENTS TO REMEMBER LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" (	or the abbigviation L.L.C."
Inter new principal offices address, if applicable:	2300 WEST 84 STREET SUITE	
Principal office address MUST BE A STREET ADDRESS)	HIALEAH, FLORIDA 33016	72 6
		75 7 T
		PH PH
nter new mailing address, if applicable:	2300 WEST 84 STREET SUITE	
Mailing address MAY BE A POST OFFICE BOX	HIALEAH, FLORIDA 33016	- ATE
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter th	e name of the new register
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:	address on our records, <u>enter th</u>	e name of the new register
gent and/or the new registered office address here:	address on our records, enter th	e name of the new register
went and/or the new registered office address here:  Name of New Registered Agent:		
Name of New Registered Agent:  New Registered Office Address:	Enter Florida	
went and/or the new registered office address here:  Name of New Registered Agent:	Enter Florida , Flori	da

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:

or remov	ed from our records:		
MGR =	Manager		
AMBR =	Authorized Member		

Title	<u>Name</u>	Address	Type of Action
		=	□Remove
			□ Change
			□Add
			☐Remove
			SECRETARY
			Remove
			Cremange
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	ective date, if other than the date of filing:	t to 605,0 be listed	207 (3)(b) I as the
If the record is	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th date filed.	iy after t	he
	d_JUNE 07 2021		
Date	Amte		

Filing Fee: \$25.00