

120000 328871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

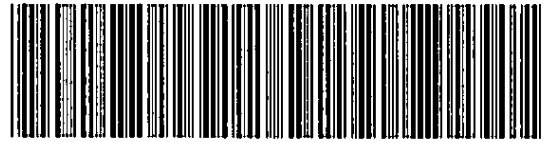
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**FILED**  
2022 MAY 26 PM 6:08  
CLERK OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Beal Divyne LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rhyan Lawrence  
Name of Person

Beal Divyne LLC  
Firm/Company

755 Morrissey Dr, APT 9116  
Address

Orange City, FL, 327163  
City/State and Zip Code

Rhyan.Lawrence.01@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rhyan Lawrence at 917 497-6966  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☒ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 81  
Tallahassee, FL 32305

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2022 MAY 26 PM 6:08

REAL DIVYNE LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records) ORANGE CITY, FL  
(Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8:00 AM October 16, 2020 and assigned Florida document number 120000328871.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

755 Morrissey Dr  
APT 9116  
Orange City, FL, 32763 US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

755 Morrissey Dr  
APT 9116  
Orange City, FL, 32763 US

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Rhyan Lawrence

New Registered Office Address:

755 Morrissey Dr, APT 9116

Enter Florida street address

Orange City

City

Florida

32763

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.*

Rhyan Lawrence  
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>	<u>Type of Action</u>
AMBR	Lezley Taylor	2631 Grande Valley Blvd	_____
		APT 17210	<input checked="" type="checkbox"/> Remove
		Orange City, FL, 32763	<input type="checkbox"/> Change
AMBR	Rhyan Lawrence	755 Morrissey Dr	_____
		APT 9116	<input type="checkbox"/> Remove
		Orange City, FL, 32763	<input checked="" type="checkbox"/> Change
AMBR	Charisse Williams	755 Morrissey Dr	<input type="checkbox"/> Add
		APT 9116	<input type="checkbox"/> Remove
		Orange City, FL, 32763	<input checked="" type="checkbox"/> Change
_____	_____	_____	_____
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	_____
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b), **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 13th, 2022

Signature of a member or authorized representative of a member

Rhyan Lawrence  
Typed or printed name

Typed or printed name of signee