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TO: Registration Section

Division of Cor	porations			
Diverse Wo	rd, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Shawn Welcome			
	Name of Person			
	Shawn Welcome & Associ	ates, LLC		
		Firm/Company		
	4625 Tinsley Drive			
		Address		~;;
	Orlando, Florida 32839			٠ ،
	1.6 (26)	City/State and Zip Code	-	
	Info@Shawnwelcome.com E-mail address: (to be used for future annual report not	ification)	:
For further information c	oncerning this matter, please c	all:		:]: co
Shawn Welcome		407 917-6723		CO
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he 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 Certificate of Certified Cop (additional copy	Status & oy
Mailing Addres Registration	Section	Street Address: Registration So Division of Co		
Division of Corporations P.O. Box 6327		The Centre of	Tallahassee	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Diver	se Word, LLC	
(Name of the Limited Liabil) (A Florid	ity Company as it now appears on our records a Limited Liability Company)	,)
The Articles of Organization for this Limited Liability (Company were filed on 12/10/2020	and assigned
Florida document number L20000386187	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Shawn Welcome & Associates, LLC		
The new name must be distinguishable and contain the words "Lin	nited 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 ADD.	<u> </u>	
		}
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		: 8J
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	, Flo	orida Zin Code
	C.H.V	zap Couc

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.

amendments remain the name. The business name	same except for the
name. The business nam	ne is changing from
"Diverse word" to "Sha	wn Welcome 3 Associates, LLC
DIVIDE WAY	/
	<u> </u>
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to a Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time red is filed.	e statutory filing requirements, this date will not be listed as
Dated January 18th 2023	
Signature of a member or authorize	ed representative of a member
Shawn Welcome	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00