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(Re	questor's Name)
(Ad	dress)	
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· (Cit	y/State/Zip/Phor	ne #)
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SECRETARY OF STAFF

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: 4	14 career	Hal LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	nitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Glend	a Ferdir Name of Person	<u>nand</u>	
••		Firm/Company		
	32410	old Winter	Garden Rd s	uite 26
	divagutos E-mail address: (1)	City/State and Zip Code One used for future annual report noti	2805	
For further information (concerning this matter, please ca	•	,	
Van Land	of Person	at (407) 70 Area Code Daytim	2-0065 e Telephone Number	
Enclosed is a check for t	he following amount:			
☐ \$25.00 Filing Fee	Q 830.00 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 810 Tallahassee, FL 32303

Email address

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

444 CARRENTAL	L1_C 2021 OCT 12 PM 2: 18
(Name of the Limited Liability Compar (A Florida Limited L	iability Company) SECRETARY OF STATE TALL ASSEES FI
The Articles of Organization for this Limited Liability Company Florida document number L21000 40457	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
DIVA'S AUTO SALES	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3804 N. OrangeBlossonTrl
(Principal office address MUST BE A STREET ADDRESS)	Orlando, Fl 32804
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(P.O. BOX) 1746 E. Silver Star Rd#3 Ocoee, FL 34761
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records. enter the name of the new registered
Name of New Registered Agent:	LAWSON
New Registered Office Address: 3804	N DRANGE BLOSSOM TRL. CII-CIZ

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	Vanlesha Lawson	3804 N DRANGEBLOSSOM TRICITICIA Oriando, FI 32804	□Add
		Orlando, 17 32804	<u>DRemove</u>
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			□Remove
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reffective da <u>te:</u> If the c	ate is listed, the d late inserted in	an the date of fil late must be specific this block does no the Department c	and cannot be proof meet the app	for to date of filited icable statutor	ng or more than 9	(optional 00 days after filing ements, this dat) g.) Pursuant to 605.020 e will not be listed a
cord speci s filed.	fies a delayed e	effective date, but	not an effective	e time, at 12:01	a.m. on the ea	orlier of: (b) T	he 90th day after the
cd Sep	tenr	ec 30	., <u>20</u>	21	lance		
		Signature of	f a member or at	thorized represe	ntative of a men	her	