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(Requ	estor's Name)	
(Addre	∋ss)	
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(City/S	State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nam	ne)
(Docui	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
Q. SILA	AS	
FEB 22	2022	
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COVER LETTER

TO: Registration S Division of Co			
M&A Hot SUBJECT:	me Collections LLC		
SUBJECT:	Name of Lir	nited Liability Company	
	f Amendment and fee(s) are sulported for the following this matter	u	
	Angella Martin	to the following,	
		Name of Person	
		Firm/Company	
	6329 SW 22nd et		
		Address	
	Miramar FL, 33023		
	angella.rinvil@gmail.com	City/State and Zip Code	
For further information of	E-mail address; (concerning this matter, please c	to be used for future annual report noti all:	fication)
Angella Martin		786 797-5118 at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25,00 Filing Fcc	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&A Home Collections LLC

1777 EB -7 FH 5: 0

(A Florida Limited I	iny as it now appears on our-records.)	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{03(10/2021)}{}$	and assigned
Florida document number 1.21000114548		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility compa <u>ny here</u> :	
Divine Quality Events LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the al	obreviation "L. L.C."
Enter new principal offices address, if applicable:	6329 8W 22nd et	
(Principal office address MUST BE A STREET ADDRESS)	Miramar FL, 33023	
Enter new mailing address, if applicable:	6329 SW 22nd et	
(Mailing address MAY BE A POST OFFICE BOX)	Miramar IFL, 33023	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	<u>e of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
<u></u>	, 11011011	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code

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	Angella Martin	6329 SW 22nd ct	□ Add
		Miramar FL, 33023	_
			≣Change
			⊒Remove
			□Clunge
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ □Remove
			□Clunge
		 	
			□Rетюуе
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional)
ote: If the date inserted in this block does not meet the applicable statutory filing i	than 90 days after filing) Pursuant to 605,02077, equirements, this date will not be listed as the
ocument's effective date on the Department of State's records.	•
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after the
is filed.	
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ted 10.13 (3)	
A AM -t2	
Signature of a member or authorized representative of	

Typed or printed name of signee