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To:

Division of Corporations

Fax Number

; (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC

Account Number : I20100000043 Phone : (305)397-8553 Fax Number : (305)397-8521

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

briana Cabri Ogmail.com

HES SEPT - 1 AN 8: 47
DEPARTMENT OF STATE
NIVISION OF SCREDE TALL THE STATE OF STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DIVERTIVIAJES LLC

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TO:

Registration Section

Tallahassee, FL 32314

.

COVER LETTER

Division of Cor	porations			
Can tan KBO Core		TIVIAJES LLC		
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	CARL	A F. VALVERDE VELA	Z CO	
		Name of Person		
		DIVERTIVIAJES LLC		
		Firm/Company		
	1695	0 N BAY ROAD APT 23	10	
		Address		
	NORT	Н МІАМІ ВЕАСН, FL 3	3160	
		City/State and Zip Code		
		IANAFABRI@GMAIL.C		•
		to be used for future annual.	report notification)	
For further information of	oncerning this matter, please c			
	'ERDÉ VELAZCO	786 at () Area Code	576-8019 Daytime Teleph	,
Name of	Person	Area Code	Daytime Teleph	one Number
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	_	\$55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S Division of C	Section	-	Idress: ation Section a of Corporation	ons
P.O. Box 632			ntre of Tallaha	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVERTIVL	JES LLC				
(Name of the Limited Liability Compa (A Florida Limited)	iny as It now appear Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	04/12/2021	and as	signe	d
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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 16950 N BAY ROAD APT 2301 NORTH MIAMI BEACH, FL 33160 NORTH MIAMI BEACH, FL 33160					
A. If amending name, enter the new name of the limited liab	ility company he	ere:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the d	caignation "LLC" or the ab	breviation "I	L.C."	<u> </u>
Enter new principal offices address, if applicable:	16950 N BAY ROAD APT 2301				
(Principal office address MUST BE A STREET ADDRESS)	NORTH MIAN	U BEACH, FL 33160			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
H. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our r	ecords, enter the name	e of the ne	w res 2023 St 7	<u>çistere</u>
New Registered Office Address:					 : -
	Enter Flor	ida street address	,	AH II:	<u> </u>
	Cin _j ·	, Florida	Zip Code	: 59	

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.

Aug. 31. 2023 10:31AM

H230 No. 114465 4 H230 No. 114 or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	FERNANDEZ , BRIANA	16950 N BAY RD APT 2301	■Add
		NORTH MIAMI BEACH, FL 33160	□Remove
			□ Change
			□ Add
		_	Remove
			Change
	,	· · · · · · · · · · · · · · · · · · ·	QAdd
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(If an effective Note: If the	tlate, if other than the date to date is listed, the date must be sp no date inserted in this block do s effective date on the Departr	scific and cannot be prior a ses not meet the applical	date of filing or more than	(optional) 90 days after filing.) Pursuant to 605.0 ements, this date will not be listed	207 (3) I as the
the record spectord is tiled.	ecifies a delayed effective date	, but not an effective tim	ne, at 12:01 a.m. on the e	arlier of: (b) The 90th day after t	he
Dated	AUGUST 29	2023	<u>.</u> ·		
		Tarta Malaura (Aug. 23, 1873) 28 43 207)			

Filing Fee: \$25.00

Typed or printed name of signee