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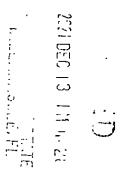
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	of Status
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Special Instructions to	Filing Officer:	

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A. BUTLER DEC 2 9 2021

## COVER LETTER

TO:	Registration S Division of Co			
		PARYERS LLC	<b>,</b>	
SUBJEC	UI:	Name of Lim	nited Liability Company	
The encl	losed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please ro	cturn all corresp	oondence concerning this matter	to the following:	
		DEBRA C SHIRLEY		
			Name of Person	
			Firm/Company	
		4930 NW 17th STREET		
			Address	
		LAUDERHILL, FLORIDA	A 33313	
		divineprayers8@gmail.com	City/State and Zip Code	
		, . <del></del>	to be used for future annual report notification)	
For furth	ner information	concerning this matter, please c	all:	
DEBRA	C SHIRLEY		305 283-3312 at ( )	
	Name	of Person	Area Code Daytime Telephone Number	
Enclosed	I is a check for	the following amount:		
<b>■</b> \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Statu Certified Copy (additional copy is enclosed)	
	Mailing Addr Registration		Street Address: Registration Section	
	Division of	Corporations	Division of Corporations	
	P.O. Box 63 Tallahassee,		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVINE PARYERS LLC

2021 020 13 111 4 2

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on MARCH 28, 2021 Florida document number L21000196733 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DIVINE PRAYERS LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City

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 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
-			□ Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			Remove
			□Change
		<del></del>	🗀 Add
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			<u>.                                    </u>		
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<u>Note:</u> If the	e, if other than the date on the is listed, the date must be spe- late inserted in this block door fective date on the Departme	es not meet the appli	icable statutory filin	(option fore than 90 days after fing g requirements, this of	nal) ling.) Pursuant to 605.020 late will not be listed a
record spec d is filed.	fies a delayed effective date.	but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Decer	ber 6	2021			
Dated		·	·		
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_	Signate	ire of a member or hud	horized representative	of a member	

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Filing Fee: \$25.00