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registration section **Division of Corporations**

DIVERGENT LEADS TO GREATNESS, LLC

SUBJECT:	Name of Limi	ted Liability Company	· <u></u>		
		, , ,			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Sandy Valdes				
		Name of Person			
	DIVERGENT LEA	ADS TO GREATNESS,	LLC		
		Firm/Company			
	11835 SW 190th Terrace				
	· 	Address			
	Miami, FL 33177				
	Baseballlova25@gmail.com	City/State and Zip Code			
	E-mail address: (t	o be used for future annual report notif	ication)		
For further information c	concerning this matter, please ca	nH;			
Sandy Valdes		305 562-7562			
		at () Area Code Daytime		<u></u>	
Name o	of Person	Area Code Daytime	: Telephone Number =	21 JUN 25	7
Enclosed is a check for t	he following amount:		<u></u>	ें जि	
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Certificate of Certified Cor (additional copy	اري PV ان کا	

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 ORGANIZATION OF

DIVERGENT LEADS TO GRE	EATNESS, LLC			
(Name of the L	imited Liability Compa (A Florida Limited L	ny as it now appears on our records. nability Company))	
The Articles of Organization for this Limite Florida document number 1.21000218905	d Liability Company	were filed on	:	and assigned
This amendment is submitted to amend the	following:			
A. If amending name, enter the new nam	e of the limited liabi	lity company here:		
The new name must be distinguishable and contain t	he words "Limited Liabil	ity Company," the designation "LLC"	or the abbrevic	ition "L.L.C."
Enter new principal offices address, if ap	plicable:		<u> </u>	
(Principal office address MUST BE A STR	REET ADDRESS)		<u></u>	
				· · · · ·
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFIC	CE BOX)			
B. If amending the registered agent and/oagent and/or the new registered office adonesis and the Name of New Registered Agent:		ddress on our records, <u>enter t</u>	he name of the second	the new registe
New Registered Office Address:		Enter Florida street address		S F
		Flo	rida <u>= </u>	
		City	7.0	pCode
New Registered Agent's Signature, if changi	TO 2			

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Sandy Valdes	11835 SW-190th Terrace	
			= Add
		Miami, FL 33177	
			□Remove
			□ Change
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fective date, if other than the date of filin in effective date is listed, the date must be specific and ote: If the date inserted in this block does not a cument's effective date on the Department of S	d cannot be prior to o meet the applicabl			tiling.) Pursu		
ecord specifies a delayed effective date, but not is filed.	l an effective time	e, at 12:01 a.m. c	n the earlier of: (b)	The 90th	day after	the
June 21st	2021					
ited	ily					
Signature of a	member or authoriz	ed representative	of a member			