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2022 APR 28 PH 2: 12 SECRETARY OF STATE

Y. SCOTT JUN 2 1 2022

COVER LETTER

TO: Registration Section
Division of Corporations

	EXPERENCE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	INDIA T MCDOWELL		202 SE
		Name of Person	2022 APR 28 SECRETAR SECRETAR
		Firm/Company	ू । जिल्ला क्षेत्र । ज
	3051 HOLLY GROVE LA	ANE	PH 2: 12 OF STATE SSEE. FIL
		Address	12
	ORANGE PARK, FL 320	73	
		City/State and Zip Code	
	diaexperience@gmail.com		
		to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
INDIA T MCDOWELL		904 305-8885 at ()	
Name c	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30,00 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 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE DIA EXPERENCE LLC

(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 $\frac{06/28/2021}{}$ and assigned Florida document number 1.21000293680 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: THE DIA EXPERIENCE LLC The new name must be distinguishable and contain the words "Limited Liability Company," it designation "LLC" or the abbreviation "LLC." 3051 HOLLY GROVE LANE Enter new principal offices address, if applicable: ORANGE PARK, FL 32073 (Principal office address MUST BE A STREET ADDRESS) 3051 HOLLY GROVE LANE Enter new mailing address, if applicable: ORANGE PARK, FL 32073 (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 registeragent 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 i. 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, <u>enter the title, name, and address of each person_being add or removed from our records</u>:

'MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>		Type of Action
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				Remove
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