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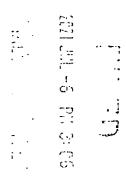
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(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	—
(Document Number)	—
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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COVER LETTER

TO: Registration S Division of Co.			
DIVINO M	IUSIC LLC		
SUBJECT:	Name of Linu	ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Daniel Velazquez		
	Divino Music LLC	Name of Person	
		Firm/Company	
	510 VALENTINA LN		
	Auburndale FL, 33823	Address	
	divinomusic@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifical	ion)
	concerning this matter, please ca	all: 787 565-0017	
Daniel Velazquez Name	of Person	at ()	elephone Number - [2]
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$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:

TO:

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

DIVINO MUSIC LLC

(Name of the Lim	ited Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)		_	
The Articles of Organization for this Limited I Florida document number L21000297724		y were filed on	and	l assig	ned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited lia	bility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liah	oility Company," the designation "LLC" or the al	obreviation	ı "L.L.	C."
Enter new principal offices address, if appli	cable:	N/A			
Principal office address MUST BE A STRE					
Enter new mailing address, if applicable:		N/A			
Mailing address MAY BE A POST OFFICE	E BOX)				
B. If amending the registered agent and/or the new registered office addressed of New Registered Agent:	• •	e address on our records, enter the nan	ne of the	new:	regis
Traile of New Registered rigett.	N/A			, <u>, </u>	. 4.
New Registered Office Address:		Enter Florida street address		<u> </u>	
		, Florida		 	- 4
		City , Florida	, Zip Co	ode :	

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
MGR	Daniel Velazquez	510 VALENTINA LANE	
			□Add
		Auburndale FL, 33783	□Remove
			■ Change
			□Add
			□Remove
			□Add
			□Remove
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If an cfl Note:	ive date, if other than the date of filing:
e recor rd is fi	rd 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 led.
	July 1 2021
	——————————————————————————————————————
Dated	
Dated	
Dated	Signature of a member or authorized representative of a member