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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: VISION DIVINE Name of Limited I	Kingdom VDK LLC Liability Company
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	e following:
	Name of Person
Vision Divi	ne Kingdon VDK LLC Firm/Company
LOOS Butle	R St. E. Address
Vision divine	Acres Ft 33974  ty/State and Zip Code  Lingdom. VDK agmail, comused for future annual report notification)
For further information concerning this matter, please call:	used for future annual report nonneation)
Joinesse K. Cesaliew Name of Person	at (239) 603 - 1022 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee ■ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Gertified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	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

VISION DIVINE	2 Kinga	om-VDK	<u> </u>	
(Name of the Lim	(A Florida Limited)	iny as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on $\frac{6}{1}$	3/2021	and assigned
Florida document number <u>L210003</u>	164158.			
This amendment is submitted to amend the fol	llowing:			
CA O				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	tion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
			<del>_</del> .	
Enter new mailing address, if applicable:				28
(Mailing address MAY BE A POST OFFICE	BOX)		<del></del>	10 B
				- The state of the
B. If amending the registered agent and/or		address on our record	s, enter the name	of the new registered
agent and/or the new registered office addre				
Name of New Registered Agent:	JOINES	se K. Ce	salien	
New Registered Office Address:	1005	SE K. CE Butler St Enser Florida str SH ACRES	eet address	
	LEHIC	3H ACRES	, Florida _ <i>3</i>	3974
		City		Zip Code
B1 B3				

## 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.

[ A LA LE M. Cesaleer

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	<u>Address</u>	Type of Action
MBR	ILES DUPONT JR.	1005 Butlerst. E. Fr 33979	Add DAdd
		,	□Remove
			□Change
AMBR	Joinesse K. Cesalie		□ Add
			□Remove
		1005 Butler St. F Lehigh Acro	Change
•	- <del></del>		□ Add
			2020 □ Remove
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If an effe <u>Note:</u> I	date, if other than the date of filing:
e record rd is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	October 16th, 2021.  Jainesse R. Cesalian  Signature of a member or authorized representative of a member
	Painerse A Condian
	Signature of a member or authorized representative of a member
	Joinesse K. Cesalien  Typed or printed name of signee
	TI. DOCCO K ('ocalion)

Filing Fee: \$25.00