L21000 413179

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TO DESCRIPTION OF STREET, AS

T. MATTHEWS JAN 21 2022

COVER LETTER

TO: Registration Se Division of Cor			
Divanal Gro		•	
SUBJECT:		ted Liability Company	
	Amendment and fee(s) are sub-	-	
·	Hernando Suarez	C	
		Name of Person	
	Divanal Group LLC		
	· · ·	Firm/Company	
	3890 SW 64 Ave #238		
		Address	
	Davie, FL 33314		
	hsuarezb71@hotmail.com	City/State and Zip Code	
	-	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Hernando Suarez		786 868-7774	
Name o	of Person		e 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 Addm	000	Street Address:	

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Divanal Group LLC

22.11 14 1/1 3: 24

(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 Sep 17, 2021 __ and assigned Florida document number <u>L21000413179</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida <u>___</u>

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 22 JP 1	1 1 3: 24 Type of Action
AMBR	Diana Valdelamar	3890 SW 64th Avenue #238	□ Add
		Davie, FL 33314	Remove
			□Add
			Remove
			Change
			□Add
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			□Remove
			☐ Change
			🗆 🗖 Add
			Remove
			Change
			□ Add
			Remove
			Change

		enter change(s) here: (Attach additional sheets, if necessary.)	
		22.	
	.		
	···		
1255 - 41	allean of water water and a dead	e of filing: (optional)	
Note: If t	we date is listed, the date must be the date inserted in this block is effective date on the Depar	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 does not meet the applicable statutory filing requirements, this date will not be listed)207 (Las t
he record spord is filed.		te, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated	January 06	. 2022	
	Hernando Sua	2022 Mature of a member or authorized representative of a member	
	Sig	nature of a member of authorized representative of a member	