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Y. SCOTT DEC - 4 2021

COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
	Divine Natu	ire Apparel LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	i all correspo	ndence concerning this matter	to the following:	
		Derek A McDaniel		
		 	Name of Person	
		Divine Nature Apparel Co.	LLC	
			Firm/Company	
		119 Drews Ln		2021
			Address	
		Panama City, FL 32405		7
		2202446450 3	City/State and Zip Code	2021 NOV 17 PH 2: 09
		23DMAC45@gmail.com	to be used for future annual report no	otification)
For further is	nformation c	oncerning this matter, please ca	·	
Derek A Mo	Daniel		850 896-0758	
	Name o	f Person		me Telephone Number
Enclosed is	check for th	ne following amount:		
S25.00 I	iling Fee	S30.00 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)
	iling Addres	_	Street Address: Registration S	ection
Di	vision of C	orporations	Division of Co	orporations
	D. Box 632 Habassee J		The Centre of 2415 N. Moor	Tallahassee oe Street, Suite 810
1 a	Hahassee, I	FL 22314	2410 IN. IVIOIII	oc ancer, aunc orv

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Divine Nature Apparel LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records a Limited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on October 18th, 2021	and assigned
Horida document number L.21000451712	<u>—</u> :	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Divine Nature Apparel Co. LLC		
he new name must be distinguishable and contain the words "Lim	ited 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 ADDI	RESS)	021 7 %
		VOY
Enter new mailing address, if applicable:		35 = 17
Mailing address MAY BE A POST OFFICE BOX)		2 0 C
maning dudress MAT III. AT OST OFFICE BOAY		09
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	City	Zip Code

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 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>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			Do Aid
			Change On Add Remove Change
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ective date, if other than the dangle offective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department's	does not meet t	the applicabl	date of filing or it e statutory fili	nore than 90 day	(optional) is after filing.) Puts, this date wil	rsuant to (I not be I	605.020 listed a
cord specifies a delayed effective da s filed.	te, but not an e	ffective time	, at 12:01 a.m.	on the earlier	of: (b) The 90	Oth day a	fter the
ed November 12th	· -	221					
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