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SECRETARY OF STATE

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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corp	ocrations		
SUBJECT: Divi	re Nature Apr	oarel Co. LLC ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Derek	A. McDaniel Name of Person	
		Name of Person	
	Divine 1	Jature Apparel (Co. LLC
	119 Drews	Address	
	Panama Cit	Y FL 32405 City/State and Zip Code	
	23DMAC456 E-mail address: (1	amail.com to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
Derek A. 1 Name of	MCD aniel Person	at (<u>\$50</u>) <u>896 - <i>O</i> Area Code Daytim</u>	758 e Telephone Number
Enclosed is a check for the	e 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 S	ection	Street Address: Registration Se	
Division of Co	orporations	Division of Cor	porations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability (A Florid	irel Lo. LLC	ann marada V
(A Florid	a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C		15/2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim		
Guide My Kicks, LLC The new name must be distinguishable and contain the words "Lin		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design	eation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
		2023 T.
		JAN T
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		Fig = D
		## ## ## ## ## ## ## ## ## ## ## ## ##
B. If amending the registered agent and/or registere	d office address on our recor	ds, 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 s	treet address
		, Florida
	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 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
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ffectiv	ve date, if other than the date of filing:
ote:	tive date, if other than the date of filing:
record I is file	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
ated _	January 5th, 2023.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Derek McDanjel Typed or printed name of signee