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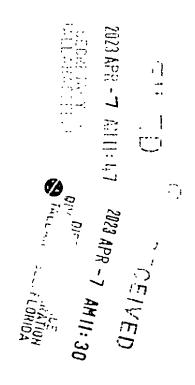
(Re	questor's Name)
(Add	dress)
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(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	APR -7 2023

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COVER LETTER

Division of Cor		•	
.%CT:	Oivme Name of Limi	Ecommerce Lo	<u> «</u> С
aciosed Arneles of	Amendment and Tee(s) are sub-	mitted for filing.	
return all correspo	ondence concerning this matter	to the following:	
		Alexis tlachard	
	Oivic	c Ecommerce	
	1809_5_ <i>12e</i>	wakne rd ste 101	
	Decreteild P	City/State and Zip Code City/State and Zip Code 3.14/25 (A gmg./. cor 6 be used for future vanual report not	
	Divine Ca	6 be used for Tuture winted report noti	ntication)
, riber information c	concerning this marter, please ec		
Alexis Name o	Henchard	at (<u>454</u>) 63.7 Area Code Daytim	- 3213 c Telephone Number
erd is a check for t	he following amount:		
∠ 15.00 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 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

2023 APR -7 AM II: 48

Oivine Econim (Name of the Limited Liability Compa (A Fiorida Limited)	ny as it new appear	rs on our records.)	 :
Articles of Organization for this Limited Liability Company		10/2//21	and accimed
	were med on	10 101 101	and assigned
da document number <u>L21000157685</u>			
amendment is submitted to amend the following:			
Camending name, enter the new name of the limited liab	<u>ility company h</u>	<u>ere</u> :	
w name must be distinguishable and contain the words "I imited Liabs	Col	LC.	
w name must be distinguishable and contain the words "Limited Linbi	hty Company, Title d	lesignation "LLC" or the ab	breviation "L.L.C"
: new principal offices address, if applicable:			
cipal office address MUST BE A STREET ADDRESS)			
r new mailing address, if applicable: <u>Ting address MAY BE A POST OFFICE BON</u>			
amending the registered agent and/or registered office ind/or the new registered office address here:	address on our r	records, <u>enter the nam</u>	e of the new registere
Name of New Registered Agent:			
New Registered Office Address:			····
	Enter Flo	rida stroet address	
		, Florida	
	Cin		Zip Code
Registered Agent's Signature, if changing Registered Agent:			

 $\pm i$ y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and n the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is z tiled to merely reflect a change in the registered office address. Thereby confirm that the limited liability any has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added a moved from our records:

⊰ ≠ Manager

3E = Authorized Member

Name	Address	Type of Action
		□Remove
		[]Change
		JAdd
		□Remove
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effective date is list. 11 the date in:	ther than the date of sted, the date must be spec- serted in this block doc e date on the Departma	rific and cannot be not meet the .	e prior to date of fil applicable statute	ling or more than 9 ory filing require	(optional) 0 days after filing, ments, this date	Pursuant to 605,020 will not be listed as
filed.	lelayed effective date.					
d <i>C</i>	94/67/23 L Signation	Je of a member of	Underel	sentative of a men	ibei	
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Filing Fee: \$25.00