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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations
SUBJECT: Diva In Motion Events LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Yolanda Gaines Bradley Name of Person
DIVATON Events LLC Firm/Company
5423 SWIGHN Street.
West Parl F133022
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Holunder Garnes Bradlez at (454) 205 9548 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: □ \$25.00 Filing Fee \$\times \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of produced Lability Company as it now appears on our records in Events, LLC Florida Limited Liability Company)

The Artic	les of Organization for ocument number	this Limited Liability Company were filed on	3-29-31 and assigned
This ame	ndment is submitted to	amend the following:	
A. If am	ending name, <u>enter tl</u>	e new name of the limited liability company he	ere:
	K To A	Commence of the second	
The new na	me must be distinguishable	and contain the words "Limited Liability Company," the des	ignation "LLC" or the abbreviation L.L.C.
		lress, if applicable: <u>(Principal office address M</u>	
			The Co
		<u></u>	26
Enter nev	w mailing address, if	ipplicable:	-
(Mailing	address MAY BE A P	OST OFFICE BOX)	
B. If amo	ending the registered ered agent and/or the	agent and/or registered office address on our r new registered office address here:	ecords, <u>enter the name of the new</u>
<u> </u>	lame of New Register	d Agent:	
<u> </u>	lew Registered Office	Address:	
		Enter Florid	a street address
			Florida
New Renic	torod Auant's Signatur	City c, if changing Registered Agent:	Zip Code
provision accept the being filed	s of all statutes relative obligations of my po	t as registered agent and agree to act in this ca e to the proper and complete performance of m sition as registered agent as provided for in Ch hange in the registered office address, I hereby riting of this change.	y duties, and I am familiar with and apter 605, F.S. Or, if this document is
		If Changing Registered Agent	. Signature of New Registered Agent
lf amendi <u>added</u> or	ng Authorized Person removed from our re	(s) authorized to manage, enter the title, name	, and address of each person being
	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action

<u>Address</u>

AMBY Yolando-Gaines Bradley Sb33 Sw19/hstreet West Park F1 33633

Type of Action

			□Remove
<u>MGR</u>	1 Millida Cormon Drac	lly 5623 SW 19th Street U	□Change JPS+ PCVKF13233
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). If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	⊟Change
			

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Effective date, if (other than the date of filing: 1-24-2622
(optional)	listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
(3)(b) <u>Note:</u> If the d	late inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed active date on the Department of State's records.
ne document s'ene	cove date on the Department of State's records.
record 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 rec
ed.	
Dated	
	Signature of a member or authorized representative of a member
	Yolanda Gaines Bradley
	- JUILITURA COMPAS ISVAMITES