L22000126557

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COVER LETTER

Registration Section

Division of Corporations

TO:

	Name of Lim	ited Liability Company	
The enclosed Articles of	Name of Person Area Code Daytime Telephone Number is a check for the following amount: 00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
Please return all correspo	ondence concerning this matter	to the following:	
	Michalene Malcolm		
		Name of Person	
	Divine Events & Planning	Co.	
		Firm/Company	·
	4388 SW Calah Circle		
		Address	
	Port Saint Lucie, Florida, I	34953	
		City/State and Zip Code	 _
	divineeventsandplanningco	@gmail.com	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Michalene Malcolm			
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sc	ection
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632		The Centre of T	
Tallahassee, l	TL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Divine Events & Planning Co.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		3/12/	(2022	
The Articles of Organization for this Limited L	iability Company	were filed on 3/12/	2022	and assigned
Florida document number L22000126557	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company her	<u>e</u> :	
N/A				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the des	ignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A		
		N/A		
	N/A			
Enter you mailing uddress if applicables		N/A		
Enter new mailing address, if applicable:		N/A	·	.
(Mailing address MAY BE A POST OFFICE	<u> </u>	N/A		
B. If amending the registered agent and/or ragent and/or the new registered office address		address on our rec	ords, <u>enter the name</u>	of the new registere
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florid	a street address	
	N/A		Florida	
		City		Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:	•		
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as pregistered office	performance of m provided for in Ch	ny duties, and I am fa papter 605, F.S. Or, ij	miliar with and Tthis document is

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>	Name	<u>Address</u>	Type of Action
AR	Usha Jadonath	907 Easley Avenue	□Add
		Winter Garden FL, 34787	■Remove
			□Change
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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ctive date, if other than	the date of filing: _	4/1/2022		(optional)		
effective date is listed, the date e: If the date inserted in thi ument's effective date on th	s block does not mee	t the applicable.				
ord specifies a delayed effe filed.	ctive date, but not an	effective time, a	nt 12:01 a.m. on the	e earlier of: (b) Ti	ne 90th day aft	er th
ed April 27	7 /	2022				
'///	10 15 10	,)				