L22000141936

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2022 APR 26 PM 1: 04 SECRETARY OF SHAP

COVER LETTER

TO: Registration Section

Division of Cor	porations			
	Florida LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Stuart Thorn			
		Name of Person		
	DVE 2022 Florida LLC			
		Firm/Company		
	1145 NE 5th Ave			
	· · · · ·	Address		
	Boca Raton FL 33432			
		City/State and Zip Code		
	st@sts.best E-mail address: (to be used for future annual report not	itication)	
For further information c	concerning this matter, please c	all:		
Stuart Thorn		561 267 3404		
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing 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)	
Mailing Address Registration		Street Address: Registration Se	ection	
Division of C	Corporations	Division of Corporations		
P.O. Box 632 Tallahassee,			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

2022 APR 26 PM 1: 04

DVE 2022 FLORIDA LLC

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

The Articles of Organization for this Limited Liability		and assigned
Florida document number 1.22000141936	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
Thorn, Stuart LLC		
The new name must be distinguishable and contain the words "Li	imited 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 ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		he name of the new regist
agent and/or the new registered office address nere	•	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	imer i wild sires mares	
	Flor	rida Zip Code
	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
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			Remove
			□Change

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(If an eff Note:	ve date, if other than the date of filing:
the recor	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 ed.
Dated	22nd April 2022
Dated	
	J. J. J. S.
	Signature of a member or anthorized representative of a member

Typed or printed name of signee