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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	ative Sol Re	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:	
	<u>Nicole</u>	May nav of Person	
		Firm/Company	
	7483 NW 9	70th Court Address	
	OKeechobe	City/State and Zip Code	
	PMSMA E-mail address:	Inar Lagmail - Co	fication)
For further information c	oncerning this matter, please co	att:	
Nicole Marie o	YNA/ d Person	at (Sdo) 844- Area Code Daytim	9292 e Telephone Number
Enclosed is a check for the	ne 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 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

Name of the Limited Liability Comp (A Florida Limited	oany as it now appears Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Compan Florida document number $\underline{L22000326533}$.	y were filed on 7	125/2622 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia Divine Sol Connection The new name must be distinguishable and contain the words "Limited Liab	LLC	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our rec	ords, enter the name of the new registered
New Registered Office Address:	Enter Florie	la street address
	Emer Faria	, Florida
	Ciry	Zip Code
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of n provided for in Cl	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

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>	<u>Address</u>	Type of Action
			∐Add
			□Remove
			□ Change
			∐Add
			Remove
			□ Change
			UAdd
			□Remove
			□Change
			⊔Add
			□Remove
			□Remove
			Change
			□Add
			□Remove
			□ Change

_	
_	
<u>ote:</u> If	e date, if other than the date of filing: 1010312022 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
is file	
ated _	9/29/2022 . 11:42. ———————————————————————————————————
	Signature of member or authorized representative of a member

A 14

Filing Fee: \$25.00