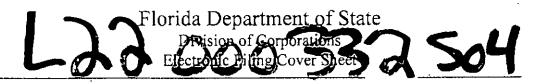
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Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ELO ENTERPRISES, INC

Account Number : I20150000109 Phone : (561)544-8862 Fax Number : (954)697-0130

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: sales@eloenterprises.us

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DIVINO FOOD GROUP LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVINO FOOD GROUP LLC		1022 SEC
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	T P
The Articles of Organization for this Limited Liability Company Florida document number L22000332504  This amendment is submitted to amend the following:	were filed on <u>07/27/2022</u>	-9 and assigned AHII: 59
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	Ety Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	821 W MINNEOLA AVE	
(Principal office address MUST BE A STREET ADDRESS)	CLERMONT, FL 34711	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	821 W MINNEOLA AVE CLERMONT, FL 34711	
B. If amending the registered agent and/or registered office	address on our records, enter th	e name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u></u>
	, Flori	da
	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.

\_\_\_\_\_ □ Change

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
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an effective date is listed, the date i	block does not meet the applicable	(optional) late of filing or more than 90 days after filing.) Pursu e statutory filing requirements, this date will no	
record specifies a delayed effect is filed.	tive date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th	day after the
NOVEMBER 8th	2022		
	A.	•	
	u José Valladares Guedes (Nov 8, 20	200	

Typed or printed name of signee