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2023 NOV 14 PH 2: 55 SECTION SEE FLE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DIVINE PAINTING PICS UC 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:	
KEVIN PEREZ Name of Person	
Firm/Company	uc_
SILLY STONE LEAF LANE	<u> </u>
City/State and Zip Code	
E-mail address: (to be used for future annual report notificat	on)
For further information concerning this matter, please call:	20
Name of Person at (\$13) 394-E	lephone Number SEC 201 10 PH 2: 5 S60.00 Filing Feet A
Enclosed is a check for the following amount:	SOF PH C
□ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	Certificate of Status A 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	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	ability Company were filed on <u>TAM - 26, 2023</u> and as	signed
Florida document number <u>L230000481</u>	<u> 183</u> .	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L	L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	OX)	
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address on our records, enter the name of the net here:	w registered
	ဟ ါ	2
Name of New Registered Agent:		
New Registered Office Address:	Fig. 5	5 n
	Enter Florida street address	
	City Florida City	- - - 0 }
New Registered Agent's Signature, if changing Re	$\mathbb{T}_{\mathcal{O}}$	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist	agent and agree to act in this capacity. I further agree to only and complete performance of my duties, and I am familiar with a gent as provided for in Chapter 605, F.S. Or, if this document agent as did not be in the limited liability.	Cn by with the th and ument 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	Address	Type of Action
PRES.	KEYIN DPEREZ	SIYY STONE LEAF IN.	MAdd
		TAMPA, F1. 33647	□ Remove
			□Change
<u>av</u>	KAYLA MPEREZ	SIYY STONE LEAF LN.	□Add
		TAMPA, F1. 33647	S Remove
			Change
			□Add
			□Remove
			Change
			🗆 Add
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			Chumge F
			PHE2: 51
			☐ A ST ☐ □ Refflove
		 	□Change
<u>_</u>			□Add
		 	□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuanto 6056207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the 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 record is filed. Dated NOVI. QTH Signature of a member or authorized representative of a member

Filing Fee: \$25.00