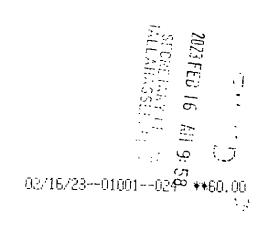
L23000054482

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PICK-UP	WAIT MAIL
(Bu	isiness Entity Name)
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ed Copies	Certificates of Status
and Instructions to Film	ng Officer:
	J. HORNE FEB 17 2023

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P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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TO:

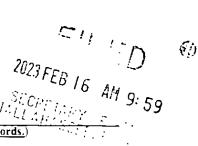
Registration Section

Division of Corporations DIVINITY HOMES LLC SUBJECT: 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: Clarence Lam Name of Person Nishad Khan P.L. Firm/Company 1303 N Orange Ave Address Orlando, Florida 32804 City/State and Zip Code reception@nishadkhanlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Clarence Lam 228-9711 Name of Person Daytime Telephone Number Area Code Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



DIVINITY HOMES LLC

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

The Articles of Organization for this Limited L Florida document number L23000054482		ere filed on 1/30/20	223	_ and assigned	
This amendment is submitted to amend the foll					
A. If amending name, enter the new name o	f the limited liabili	ty company here:			
N/A					
The new name must be distinguishable and contain the v	vords "Limited Liability	Company," the design	ation "LLC" or the abbre	eviation "L.L.C."	
Enter new principal offices address, if applic	able:	N/A			
(Principal office address MUST BE A STREE				,	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	N/A			
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	registered office ad ss here: Nishad Khan P.L.		ds, <u>enter the name o</u>	of the new registered	
	1303 N Orango A		-		
New Registered Office Address:					
	Orlando				
New Registered Agent's Signature, if changing I		SS) N/A Sfice address on our records, enter the name of the new registered than P.L. Drange Ave Enter Florida street address Florida 32804 Zip Code			

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.

> DocuStaned by: Nishad Khan If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: F5C47311-448F-4CF3-881B-9504B80B7848
ii amenuing Authorized rerson(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
AR	Nishad Khan	1303 N Orange Ave	
		Orlando FL 32804	≣Remove
			□Change
MGR	Julio E. Roman	1119 Cambourne Dr.	
		Kissimmee FL 34758	□Remove
			Change
			□Add
			□Remove
			□Change
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Filing Fee: \$25.00