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236 East 6th Avenue, Tallahassee, Florida 32303

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

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#### **COVER LETTER**

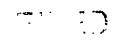
Registration Section Division of Corporations

TO:

CHDIECT.		IIG LLC	
SUBJECT:	Name of Lini	ited Liability Company	<del></del>
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	;	NESHEKA MCDONALD	
		Name of Person	
	:	SBNT SERVICES LLC	
		Firm/Company	
	9951	ATLANTIC BLVD STE 100B	
		Address	
		JACKSONVILLE, FLORIDA	. 32225
		City/State and Zip Code	<del></del>
		group@gmail.com	
	E-mail address: (	to be used for future annual report not	ification)
For further information con-	cerning this matter, please ea	all:	
NESHEKA MCDONALD		904 885-7421 at ()	
Name of P	erson	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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 Se Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



7023 APR 10 PM 1:41 DIVA BIG LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\underline{\text{MARCH}}$  14,  $\underline{\text{2023}}$ and assigned Florida document number <u>L23000132033</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DIVA BIGG LLC The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the 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 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>	Name	Address	Type of Action
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			□ Remove
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APRIL 10	2023	//	
	M.M.		
Signatu	re of a member or authorized	representative of a member	<u>—————</u>
	NESHEKA MCDOI		

Filing Fee: \$25.00