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(Re	questor's Name)	
/Ad	dress)	
(Au	uiess	
(Ada	dress)	··
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT [MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
(000)	cument Namber)	
Certified Copies	_ Certificates of Sta	atus
		
Special Instructions to f	Filing Officer:	
	J. HORNE	
	SEP 2 7 2023	

Office Use Only



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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT:U	e of Divine	Virtue LLC	
	Name of Lim	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:	
	Lille de Var	Ona	
		Name of Person	
	Life of D	INNE VITTUE LL	<u>C</u>
	17841 SW	Address	
		1286-	
	Miami, 7	L 33157 City/State and Zip Code	
		email com	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
192 1 16	O (1		4 A C C
Une the Va	rona	at (786) 2.14	-1155
Name o	recision	Area Code Dayum	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 Addres		Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	
		= · · · · · · ·	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

.		Miller 1/2
Lift of Devine Vivtue	LLC	11.03
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our i	records.)

This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit The new name must be distinguishable and contain the words "Lim	rue LLC.	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	(LESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
agent and/or the new registered office address here:	d office address on our record	ls, enter the name of the new registere
	l office address on our record	is, enter the name of the new registere
agent and/or the new registered office address here:	l office address on our record	
agent and/or the new registered office address here: Name of New Registered Agent:		rect address
agent and/or the new registered office address here: Name of New Registered Agent:		
	Enter Florida st City	rect address

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR * Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
	·	□Remove	
		□ Change	
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(lf an efi <u>Note:</u>	ive date, if other than the date of filing: (optional) ective 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 (3)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the lent's effective date on the Department of State's records.
f the recor	d 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 led.
Dated	August 15" 2023
	Signature of a member or authorized representative of a member
	Lille de Valona Typed or printed name of signee