## L23000401312

(Re	equestor's Name	)
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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2023 DEC 19 PH 5: 19 SECRETARY OF JIME TALLAIT'S SEELFL

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.:

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name of the new registe	
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## 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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

## **COVER LETTER**

TO:

	egistration Se ivision of Cor			
CUD IECT	DIVA'S	S TRAVEL & EVENTS I	LLC	
SUBJECT	·-	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ondence concerning this matter	to the following:	
		Olen Mc	Lean, Esq.	
Name of Person				~
McLean LAw Firm & Consulting		nsulting P.A.	2023 DEC 19 PM SECRETARY SE TALL AND SEC	
<del></del>		Firm/Company		
		7711 N. Military Trail #21	4	
			Address	<u>ന്ന ട്</u>
	Palm Beach Gardens, FL 33410		E 5: 19	
			City/State and Zip Code	
		Olen@mcleanlawfl.com		
		E-mail address: (	to be used for future annual report notif	ication)
For further	information c	oncerning this matter, please c	all:	
OLEN MO	CLEAN, ESQ.		561 246-1699 at ( )	
	Name o	f Person		: Telephone Number
Enclosed is	s a check for th	ne following amount:		
<b>■</b> \$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)
	lailing Addres		Street Address: Registration Sec	tion
Registration Section Division of Corporations		Division of Cor		
P	O. Box 632	7	The Centre of T	allahassee
T	allahassee. I	FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

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>	<u>Name</u>	Address	Type of Action
AMBR	JONNEL ROBINSON	6901 OKEECHOBEE BLVD. #1094 SUITE D5	□Add
		WEST PALM BEACH, FL 33411	□Remove
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Effective date, if other than the date of filing:	date of filing or more than 90 days after filing.) Pursuant to 60	05.0207 (3
Note: If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records.	ole statutory filing requirements, this date will not be li-	sted as th
·		
he record specifies a delayed effective date, but not an effective time ord is filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day aft	ter the
NOVEMBER 9. 2023		
Dated		
Signature of a member ocauthorize	ved representative of a member	
O Signature of a member organism	zed representative of a member	

Typed or printed name of signee