Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000370596 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

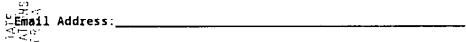
From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DIVINE REAL ESTATE SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

OCT 2 5 2023

Electronic Filing Menu Corporate Filing Menu

Help

company has been notified in writing of this change.

Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Divine Real Estate Services LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	r as it now appears on our records. (bility Company)	,
The Articles of Organization for this Limited Liability Company w Florida document number <u>L23000474714</u>	rere filed on 10/16/23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
Tamera Marshall LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" of	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)		
	vi	
		, ,
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter th</u>	e name of the new registere
The state of the s		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro being filed to merely reflect a change in the registered office as	erformance of my duties, and ovided for in Chapter 605, F.,	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

10/24/2023 07:49:51 PDT+

To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fex: 8134365206

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
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□ Remove
			□Change
			□Remove
			□ Change
			□Add
			□Change
			□Add
			□Remove
			[[Change

0/24/2023 07:49:51 PD7 ·	To: 18506176383	Page 4/4	From: Registered Agents Inc	Fax: 813436520
D. If amending any of	ther information, enter chan	ge(s) here: (Attach addi	tional sheets, if necessary.)	
				_
				_
				_
			, , , , , , , , , , , , , , , , , , , ,	_

E. Effective date, if other than the date of filing:	07 (3)(b) s 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 filled	2
Dated October 24 2023	
Bala une Janua y	
Signature of a member or authorized representative of a member	
Robin Jones	

Typed or printed name of signee