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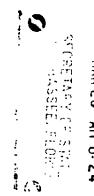
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| (Requestor's Name) |
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| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certificates of Status |
| Special Instructions to Filing Officer |
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| J. HORNE |
| MAR 2 6 2024 |
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| TO: Registration Se Division of Cor | ction porations | | | |
|--|---|---|---|--|
| DIVINE ST | | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | |
| The enclosed Articles of A | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| | JALPABEN PATEL | | | |
| | | Name of Person | | |
| | DIVINE STAR LLC | | | |
| | | Firm/Company | | |
| | 5711 BYRON ANTHONY PL 336 | | | |
| | | Address | | |
| | SANFORD, FL 32771 | | | |
| | | City/State and Zip Code | | |
| | E-mail address: (| to be used for future annual report not | ification) | |
| For further information co | oncerning this matter, please c | all: | | |
| NAYAN PATEL | | 407 393-7527 | | |
| Name of | Person | at () Area Code Daytin | ne Telephone Number | |
| Enclosed is a check for th | e following amount: | | | |
| ■ \$25.00 Filing Fee | S30.00 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) | |
| Mailina Address | | Cause A. A. J. Juneau | | |

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

24 MAR 26 AM 7: 45

| DIVINE STAR LLC | The state of the state of | AIL |
|---|--|---------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | nv as it now appears on our records.) |)KICA |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L24000086735</u> | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or t | he 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: | ************************************** | 73 |
| (Mailing address MAY BE A POST OFFICE BOX) | Approximate the state of the st | |
| | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>enter the i</u> | name of the new registere |
| 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.

City

, Florida __

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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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|--------------------------|----------------|
| AMBR | PARTH PATEL | 7237 CORKLAN DR APT 1630 | ≣Add |
| | | JACKSONVILLE, FL 32258 | □Remove |
| | | | □ Change |
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| Effective date, if other than the date of filing: | | | | | |
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| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. 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 ord is filed. Dated March 25 2024 | | *** | | | |
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| Dated March 25 2024 | Note: If the date inserted in this | block does not meet the appl | icable statutory filing re- | (optional) .han 90 days after filing.) Pursuant to quirements, this date will not be | o 605.0207 (: listed as tl |
| | | ive date, but not an effective | time, at 12:01 a.m. on the | he earlier of: (b) The 90th day | after the |
| | Dated March 25 | 2024 | | | |
| Signature of a member or authorized representative of a member | | | | | _ |
| | | Signature of a member or aut | horized representative of a | member | |
| | · | Tuesd seemi | ated name of signee | | _ |