LZ4000121040

(Requestor's Name)

(Address)
-
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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,
7-27-2021

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COVER LETTER

	`	COV,ERCESTTER	
TO: Registration Se Division of Cor		÷	
SUBJECT:	Name of Limi	ENTER DRSE	SLLC.
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	HEdric	K Humph R	ES
	DESTING	HEVLER DRIS	SES LLC
	2032 L	AKE SiDE A	VE
		ORT FL. 33 City/State and Zip Code	j
	hhumpi E-mail address: (u	ORIES 863333	3 O. GMAIL COM 1"
For further information co	oncerning this matter, please ca		A 05. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
HEDRICK Name of	HumphRIE Person	S at (708) 539 Area Code Daytime	Telephone Number
Enclosed is a check for th	c 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 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



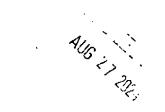
FLORIDA DEPARTMENT OF STATE Division of Corporations

August 7, 2024

HEDRICK HUMPHRIES 2032 LAKE SIDE AVE DAVEN PORT. FL 33837

SUBJECT: DESTINY H ENTERPRSES LLC

Ref. Number: L24000121040



We have received your document for DESTINY H ENTERPRSES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN Regulatory Specialist II

Letter Number: 924A00017473

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DESTINUTE E	NTERPRSES	LLC
(Name of the Limited Liability (A Florida	Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on M	ARCh 09,200 Hand assigned
Florida document number <u>L240001210</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company her	<u>e</u> :
	TERPRISES	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
		207
		2021 NUS STALL
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 	
		SP = T
		75 2
B. If amending the registered agent and/or registered	office address on our rec	
agent and/or the new registered office address here:		
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Floride	street address
		, Florida
	City	Zip Code

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 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
<u>-</u>			□Add
			□Remove
			☐ Change
			□Add
			Change
			□Add
			□ Rетюче
			☐ Change
			□ Add
			□Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, i	f necessary.)

~	
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	AUG 27
	959 PH 1
	F. 22
E. Effective date, if other than the date of filing:	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	optional) after filing.) Pursuant to 605.0207 (3)(b s, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of record is filed.	of: (b) The 90th day after the
Dated	
Signature of a member or authorized representative of a member	
HEDRICK HUMOHRIES Typed or ffrinted name of signee	