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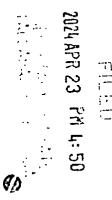
(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

	gistration Se rision of Cor			
SUBJECT.		ERVICES & MORE		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		Laplante, Manoucheka AN	ND Rousseau-Ulysee, Claudie	
			Name of Person	
		DIVINE SERVICES & M	ORE LLC	
			Firm Company	
		1653 AVENGER LANE		
			Address	
		JACKSONVILLE, FL 323	221	
			City State and Zip Code	
		machere_15@yahoo.com		
		E-mail address: (to be used for future annual report notification)	
For further i	nformation c	oncerning this matter, please co	aff:	
Manouchek	a Laplante		904 982-1323 at ()	
	Name o	l'Person	Area Code Daytime Telephone Number	
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	uiling Addres		Street Address: Degistration Section	
	gistration S vision of C	Section Sorporations	Registration Section Division of Corporations	
P.0	O. Box 632	.7	The Centre of Tallahassee	
Ta	llahassee, l	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVINE SERVICES & MORE LLC

company has been notified in writing of this change.

		iny us it now appears on our Liability Company)			
The Articles of Organization for this Limited Lie Florida document number $\frac{1.24000130484}{1.24000130484}$		were filed on 03/15/2024		and assi	gned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liah	ility company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designatio	n "LLt" or the abbrevi	ation "L.L	
Enter new principal offices address, if applica	able:	2105 Park Ave Suite #5			
Principal office address MUST BE A STREE		Orange Park, Fl 32073	j - j:	202	
				կ APR 2	
Enter new mailing address, if applicable:		2105 Park Ave suite π 5		<u>. ယ</u>	<u>:n</u>
Mailing address MAY BE A POST OFFICE I	<u>80X)</u>	Orange Park, Fl 32073		=======================================	
B. If amending the registered agent and/or re agent and/or the new registered office addres		address on our records.		the new	
Name of New Registered Agent:					
New Registered Office Address:	2105 Park Ave				
		Enter Florida street	address		
	Orange Park,		, Florida		
N. B. San Land Cl		·	Zi	p Code	
New Registered Agent's Signature, if changing R	tegistered Agent:				

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	ROUSSEAU-ULYSEE, CLAUDIE	1653 AVENGER LANE	
		JACKSONVILLE, FL 32221	■Remove
			[]Change
			□Add
			Петюve
			□Change
			UAdd
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			Remove
			□Change
		<u> </u>	□Add
]Remove
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			IReniove
			DChange

iffective date, if other than the date of filing: [In effective date, if other than the date of filing: [In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no locument's effective date on the Department of State's records record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th of the date of the date of the date of the filed. Dated MARCH 18 2024 Signature of a member of audiorized representative of a member	rursuant to 605.020						
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NO, to		MARCH 18 26	024				
Signature of a member or authorized representative of a member				- •			
U I Signature of a member or authorized representative of a member		B. Ky/ante					
y -		U U Signature of a memb	ber or authoriz	zed representa	ative of a memb	er	

Filing Fee: \$25.00