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COVER LETTER

TO: Registration Se Division of Cor					
Diverse Growth Club LLC					
SUBJECT:	Name of Limi	ted Liability Company		-	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.			
Please return all correspo	ondence concerning this matter t	o the following:			
	Dayana Gorgui Oliva				
Name of Person					
Diverse Growth Club Llc					
Firm/Company					
	3130 NW 4th Street				
Address					
Lauderhill, Florida 33311					
gorguidayana@gmail.com					
Con Conther in Commention		o be used for future annual	report notification)	- 37 S	
_	concerning this matter, please ca		000 0050	,	
Dayana Gorgui Oliva		_{at (} 305_	833-0958		
Name c	if Person	Area Code	Daytime Telephone Numl	ær	
Enclosed is a check for t	he following amount				
\$25 00 Filing Fee	☐ \$30 00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en	Certiñ closed) Certiñ	Filing Fee, cate of Status & ed Copy nal copy is enclosed)	
Mailing Address: Registration Section Division of Corporations		Divisio	ration Section on Of Corporations		
P.O. Box 6327		The Co	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	ne abbreviation "I. I. C "
Enter new principal offices address, if applicable:	· 25
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address on our records, enter the ragent and/or the new registered office address here:	name of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida 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>	Name	Address	Type of Action
_MGR	Dayana Gorgui Oliva	5715 Arthur Street, Hollywoo	od Florida 33021 ————— □Add
			□Remove
			⊠Change
			□Remove
			□Add
			☐ Remove
			ු ට Add ් දා ව Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 07/15/2024 E. Effective date, if other than the date of filing: 07/15/2024 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 filed 07/15/2024 Dated ___ esentative of a member Signature of a member or aug Dayana Gorgui Oliva Typed or printed name of signee

Filing Fee: \$25.00