L24000339863

Office Use Only



100438747581

10/30/24--310/5--016 **25.0.



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Divine Dynamics Real Estate Investment Group, Lic.
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kesha Rose Claybrooks
Divine Dynamics Real Estate Investment Group LL
13343 N. 50th Street
Tampa, Florida 33617 City/State and Zip Code Rose Kesha to @ gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Klsha Rose Claybrooks at (813) 215-9845 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
25.00 Filing Fee Solutional copy is enclosed) S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status & 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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Divine Dynamics Real Estate Investment Group Lic.

(Name of the Limited Lie (A Fl	orida Limited Li	<u>v as it now appears</u> ability Company)	on our records.)	
The Articles of Organization for this Limited Liabili Florida document number <u>L24000339</u>	ty Company v <u>863</u>	vere filed on	8/1/20	24 and assigned
This amendment is submitted to amend the following	<u>ਰ</u> :			
A. If amending name, enter the new name of the Prime Trust Real Esta	etc Ll	.C ·		
The new name must be distinguishable and contain the words.	Limited Liabilit	y Company." the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NA		
(Principal office address MUST BE A STREET AL	DDRESS)	' /		
				202
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	N/A		S
B. If amending the registered agent and/or regist agent and/or the new registered office address he		idress on our re	cords, enter the na	mme of the new registered
Name of New Registered Agent:	N	'A		
New Registered Office Address:		. Enter Flora	da street address	
_	N	A	, Florida	Zio Codo
	,	171		6 113 1 2 1 (F.)

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 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>	<u>Address</u>	Type of Action
NA	N/A	N/A	□Add
1	,		□Remove
			Change
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reffective dat <u>te:</u> If the da	e is listed, the da ite inserted in t	in the date of fil ac must be specific this block does no the Department of	and cannot be prior and cannot be prior of the appl	icable statutory			
cord speciti s filed.	es a delayed el	ffective date, but	not an effective	time, at 12:01 a	.m. on the earlie	r of: (b) The 9	0th day after the
ed)ctobe	er 17 th	202	L. n	Ω		
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