# 115000172322

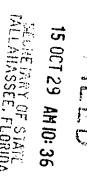
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# **COVER LETTER**

Division of Cor	rporations'		
SUBJECT:	DIVES	SOFT, LLC	
	Name of Lim	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		SVATAVA JURINOVA	
		Name of Person	<u> </u>
	FL PRESTIGE SERVICE	S, LLC	
		Firm/Company	
	121 GINGER RD		
		Address	
	VENICE, FL 34293		
		City/State and Zip Code	
	flprestigeservices@gmail.c		
	E-mail address: (	to be used for future annual report	notification)
For further information c	oncerning this matter, please c	all:	
SVATAVA JURINOVA		941	493-9498
Name of Person		Area Code Da	sytime Telephone Number
Enclosed is a check for the	ne 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:

TO:

**Registration Section** 

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

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVESO	OFT, LLC			
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears nited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Com	pany were filed on	10/09/2015	and assigne	ed :
lorida document numberL15000172322				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company her	<u>re</u> :		
he new name must be distinguishable and contain the words "Limited	Liability Company," the de	signation "LLC" or the	abbreviation "L.L.C."	. —
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRES	<u> </u>			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)			<del>5</del> <del>5</del>	
		· -	<u> </u>	
			ASS ASS	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	ed office address on s here:	our records, ente	r the name of t	
registered agent and of the new registered office address	<u>5 1101 0</u> .		E F S I	
Name of New Registered Agent:			RIE S	
New Registered Office Address:				
	Enter Flori	ida street address		
	City	, Florida _	Zip Code	
	City		ny coae	

## 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>	Address	Type of Action
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fective date, if	other than the date	of filing:				(option	nal)	
an effective date is	other than the date listed, the date must be sp nserted in this block do	ecific and ca	annot be prior	to date of filin	g or more than	90 days after fi	ling.) Pursuaı	nt to 605. i be liste
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