## B01000000055

|                 | (Requestor's Name)       |
|-----------------|--------------------------|
| - <del></del> - | (Address)                |
|                 | (Address)                |
|                 | (City/State/Zip/Phone #) |
| PICK-UP         | WAIT MAIL                |
|                 | (Business Entity Name)   |
| <del>-</del>    | (Document Number)        |
| Copies          | Certificates of Status   |
| instructions to | Filing Officer:          |
|                 |                          |
|                 |                          |
|                 |                          |
|                 | Office Use Only          |



500407900525

Ltd Amena

ØÐ

2025 HAY -- 3 PM 4: 04

TILEU

A. RAMSEY MAY -4 2023

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

| ACCOUNT NO. : 12000000195  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| REFERENCE : 718682 4371937   |  |  |  |  |  |  |
| AUTHORIZATION :  |  |  |  |  |  |  |
| COST LIMIT : \$ 52.50  |  |  |  |  |  |  |
| ORDER DATE : May 3, 2023   |  |  |  |  |  |  |
| ORDER TIME : 2:46 PM   |  |  |  |  |  |  |
| ORDER NO. : 718682-005   |  |  |  |  |  |  |
| CUSTOMER NO: 4371937   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| FOREIGN FILINGS  |  |  |  |  |  |  |
| NAME: DIVINE & SERVICE, LTD.                                       |  |  |  |  |  |  |
| CORPORATE  XX LIMITED PARTNERSHIP  LIMITED LIABILITY COMPANY       |  |  |  |  |  |  |
| XXXX AMENDMENT   |  |  |  |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:                    |  |  |  |  |  |  |
| CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |  |  |  |  |  |  |

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |
|--|--|
| SUBJECT: Divine and Service  | Ltd.   |
|  | Partnership or Limited Liability Limited Partnership   |
| The enclosed amendment and fee(s) are so   | ubmitted for filing.   |
| Please return all correspondence concerni  | ng this matter to:   |
| Michelsa Calderon  |  |
| Contact Person   |  |
| BII Services Corp  |  |
| Firm/Company   |  |
| 550 S. Dixie Hwy #300  |  |
| Coral Gables, FL 33146   |  |
| City, State and Zip Code   | <u></u>  |
| mcalderon@trivest.com  |  |
| E-mail address: (to be used for future annual  | report notification)   |
| For further information concerning this m  | •  |
| Michelsa Calderon  | at (305) 858-2200  |
| Name of Contact Person   | Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amo  | ount:  |
| \$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status                                     | \$105.00 Filing Fee and Certified Copy   |
| 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 |

FILED

## AMENDMENT TO CERTIFICATE OF AUTHORF WAY -3 AMII: 59 FOR FOREIGN LIMITED PARTNERSHIP OR ATTACKS LIMITED LIABILITY LIMITED PARTNERSHIP

| the Florida Department of State is:  | limited liability limited partnership as it appears e & Service. Ltd.                                  | on the records of         |
|--|--|---------------------------|
| 2. Document Number of Foreign Limited 801000000055   | Partnership or Limited Liability Limited Partners  | ship:                     |
| 2. The jurisdiction of its formation is: TX  |  |                           |
| 3. The date the entity was authorized to tr  | ransact business in Florida is: 02/14/2001   |                           |
| 4. If the amendment changes the name of the new name:  | the limited partnership or limited liability limited   | I partnership, enter      |
| Acceptable Limited Partnership suffixes: Limited<br>Acceptable Limited Liability Limited Partnership | d Parmership, Limited, L.P., LP, or Ltd.<br>o suffixes: Limited Liability Limited Partnership, L.L.L.P | or LLLP.                  |
| (If name unavailable in Florida, enter alter<br>Florida.)  | rnate name adopted for the purpose of transacting  | business in               |
| 5. If the amendment changes the general Name:  | partner(s), list the name and business address of c<br>Business Address:                               | each general partner      |
| BII Services Corp  | 550 S. Dixie Hwy #300  | ■Add                      |
|  | Coral Gables, FL 33146   | ☐Remove<br>☐Change        |
| D&S Global GP, LLC   | 550 S. Dixie Hwy #300  | ■Add                      |
|  | Coral Gables, FL 33146   | Remove Change             |
| Lonnie D. Larson   | 13809 Research Blvd., Ste 800  | ∏Add                      |
|  | Austin, TX 78750   | Remove Change             |
|  |  | Add<br>□Remove<br>□Change |
|  |  | Add                       |
|  |  | ChangeAddRemoveChange     |

| 6. If the amen                                 | dment changes the jurisdic  | ction of organizatio   | n, indicate new jurisdiction:  |                        |
|--|---|------------------------|--|------------------------|
| 7. If the amen corrected and                   |   | tatement listed in th  | ne application, indicate the sta   | atement being          |
|  |   |                        |  |                        |
|  |   |                        |  |                        |
| 8. If the amen the appropriate                 |   | n election to be a li  | mited liability limited partne   | rship statement, check |
|  | The entity elects to be a limited liability limited partnership.  |                        |  |                        |
|  | The entity is no longer a   | a limited liability li | mited partnership.   |                        |
| amendment(s).                                  |   |                        | olds, evidencing the aforeme<br>tody of records in the jurisdic                                |                        |
| days after filin Note: If the day              | g.)<br>ate inserted in this block (                               | does not meet the      | cannot be prior to date of filing reapplicable statutory filing reDepartment of State's record | equirements, this date |
| ^ ~  | general partner:  |                        |  |                        |
|  | ed name:<br>GP, LLC, General Partner<br>Calderon, Assistant Secre |                        |  |                        |
| Filing Fee:<br>Certified Cop<br>Certificate of | y (optional):<br>Status (optional): \$8.75                        | \$52.50<br>\$52.50     |  |                        |