B01000000055

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
· · · · · · · · · · · · · · · · · · ·	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	



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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 11, 2023

RESUBMIT

Please give original

submission date as file date.

CORPORATION SERVICE COMPANY

TALLAHASSEE, FL 32301

SUBJECT: DIVINE & SERVICE, LTD.

Ref. Number: B01000000055

We have received your document for DIVINE & SERVICE, LTD. and the authorization to debit your account in the amount of \$52.50. However, the document has not been filed and is being returned for the following:

Please include a certified copy from Texas (no more than 90 days old) showing the name change.

Please return your document, along with a copy of this letter, within 60 days, your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey OPS

Letter Number: 723A00010684

10

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 729268 4371937

AUTHORIZATION : COST LIMIT : \$ 52 50

ORDER DATE : May 9, 2023

ORDER TIME : 12:55 PM

ORDER NO. : 729268-005

CUSTOMER NO: 4371937

FOREIGN FILINGS

NAME: DIVINE & SERVICE, LTD.

CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland-sorenson EXT#
EXAMINER:

COVER LETTER

TO: Registration Division of 0	Section Corporations					
	ne & Service	Ltd.				
BUDGLC I.	Name of Foreign Limited F		d Liabi	lity Limited Partnership		
The enclosed amend	lment and fee(s) are su	ibmitted for filing	g.			
Please return all cor	respondence concernii	ng this matter to:				
Michelsa Cal	deron				:	3
	Contact Person	-	_		150	 ⊈ •~
BII Services (Corp				나는 물 수있	> < ,,,
	Firm/Company		_		78.	7 - 9 PM 2
550 S. Dixie I	-lwy #300				11 (2) (1) (2) (2) (2)	t i 2:3 PH 2: 12
	Address		_		Tipi Firi	12
Coral Gables	, FL 33146				• •	
	City. State and Zip Code		_			
mcalderon@t	rivest.com					
E-mail address: (to	be used for future annual	report notification)	_			
For further informat	ion concerning this ma	atter, please call:				
Michelsa Cald	deron	_{at (} 305	ຸ 85	8-2200		
Name of Co	ntact Person	Area Code		aytime Telephone Numb	ber	
Enclosed is a check	for the following amo	unt:				
S52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	\$105.00 Filinand Certified Cop		\$113.75 Filing Fee Certified Copy. and Certificate of Status	·.	
Mailing Ado Registration Division of O P.O. Box 632 Tallahassee.	Section Corporations 27		Regis Divisi The C	t Address: tration Section ion of Corporations centre of Tallahasses N. Monroe Street, S nassee, FL 32303		



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 10, 2023

CORPORATION SERVICE COMPANY

TALLAHASSEE, FL 32301

SUBJECT: DIVINE & SERVICE, LTD.

Ref. Number: B0100000055

Please give original submission date as file date.

We have received your document for DIVINE & SERVICE, LTD. and the authorization to debit your account in the amount of \$52.50. However, the document has not been filed and is being returned for the following:

A certificate or a document of similar import evidencing the amendment mustible submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized translation of the certificate, under oath or affirmation of the translator, mustibed attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey OPS

Letter Number: 723A00010560



www.sunbiz.org

AMENDMENT TO CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

The name of the limited partnership or limited the Florida Department of State is: Divine & Service, Ltd.	d liability limited partnership as it appears	s on the records of
Document Number of Foreign Limited Partne B01000000055	rship or Limited Liability Limited Partne	rship: _
2. The jurisdiction of its formation is: Texas		
3. The date the entity was authorized to transact	business in Florida is: 02/14/2001	<u> </u>
If the amendment changes the name of the linthe new name: Divine and Service Ltd.	nited partnership or limited liability limite	ed partnership, enter
Acceptable Limited Partnership suffixes: Limited Partne Acceptable Limited Liability Limited Partnership suffixe.		P. or LLLP.
(If name unavailable in Florida, enter alternate n Florida.)	ame adopted for the purpose of transactir	
5. If the amendment changes the general partner Name:	r(s), list the name and business address of <u>Business Address:</u>	each general partner
Keith R. Peterson	13809 Research Blvd., Ste 80	0 _{□Add}
	Austin, TX 78750	Remove Change
		☐Add ☐Remove ☐Change
		Add Remove Change
		Add Remove Change
		Add Remove Change
		AddRemoveChange

6. If the amend	dment changes the jurisdic	tion of organization	on, indicate new jurisdiction:	
7. If the amendorrected and t		atement listed in t	the application, indicate the stat	ement being
		_ .		
		- ·		3
				9
-				- Soc 3
			. <u> </u>	
8. If the amen		n election to be a	limited liability limited partners	ship statement, check
	The entity elects to be a	limited liability l	imited partnership.	
	The entity is no longer a	a limited liability	limited partnership.	
amendment(s),	an original certificate, no duly authenticated by the ty is organized.	more than 90 day: official having cu	s olds, evidencing the aforement istody of records in the jurisdic	itioned tion under the law of
10. Effective	date, if other than the date	of filing:		(optional)
(If an effective	date is listed, the date mu.	st be specific and	cannot be prior to date of filing	g or more than 90
days after filing Note: If the di		does not meet the	applicable statutory filing rec	quirements, this date
			Department of State's record	
			•	
Signature of a	general partner:			
Cata	alderaci			
			_	
Typed or print D&S Global	ed name: GP, LLC			
	Calderon, Assistant Secre	etary	_	
Filing Fee:		\$52.50		
Certified Cop	y (optional): Status (optional): \$8.75	\$52.50		

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

> DIVINE AND SERVICE LTD. Filing Number: 9982910

Certificate of Amendment

April 06, 2023

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 09, 2023.



Jane Nelson Secretary of State

Phone: (512) 463-5555 Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services Prepared by: SOS-WEB TID: 10266 Document: 1245081130003 Form 424 (Revised 05/11)

Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697

512 463-5555 FAX: 512/463-5709

Filing Fee: See instructions



Certificate of Amendment

This space reserved for office use.

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	Entity into mation
The name of the filing entity is:	
Divine and Service Ltd.	
State the name of the entity as currently shown of the entity, state the old name and not the new	in the records of the secretary of state. If the amendment changes the name w name,
The filing entity is a: (Select the appropriate	entity type below.)
☐ For-profit Corporation	☐ Professional Corporation
☐ Nonprofit Corporation	Professional Limited Liability Company
Cooperative Association	Professional Association
Limited Liability Company	☑ Limited Partnership
The file number issued to the filing ent	ity by the secretary of state is: 9982910
The date of formation of the entity is: 7/21/1997	
	Amendments
(If the purpose of the certificate of amer	Amended Name andment is to change the name of the entity, use the following statement)
	e of formation to change the article or provision that names the

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

The name of the filing entity is: (state the new name of the entity below)

2. Amended Registered Agent/Registered Office

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

Form 424

(C		gistered Agent B, but not both. Also c	complete C.)
A. The registered agent is	s an organization	(cannot be entity named	above) by the name of:
OR B. The registered agent is	s an individual re	esident of the state	whose name is:
First Name	M.I.	Last Name	Suffix
The person executing this ins has consented to serve as regi		that the person de	signated as the new registered agent
C. The business address of th	e registered agen	nt and the registered	d office address is:
			TX
Street Address (No P.O. Box)		City	State Zip Code
3. (Other Added, A	ltered, or Deleted	Provisions
	tional text by provid		space provided below. If the space provided his form. Please read the instructions to this
Text Area (The attached addendum, if an	y, is incorporated here	in by reference.)	
Add each of the following reference of the added provisi			nation. The identification or
<u></u>			
Alter each of the followin reference of the altered provis			
4. The name, the mailing address	s, and the street add	dress of the business	of the sole general partner is:
D&S Global GP, LLC 550 S. Dixie Highway, Suite 300 Coral Gables, FL 33146			
Delete each of the provision	ons identified bel	low from the certifi	cate of formation.

Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

Form 424

Effectiveness of Filing (Select either A, B, or C.)

A. This document becomes effective when the	ne document is filed by the secretary of state.		
B. This document becomes effective at a later date, which is not more than ninety (90) days from			
the date of signing. The delayed effective date i	s:		
C. This document takes effect upon the occu	rrence of a future event or fact, other than the		
passage of time. The 90th day after the date of s	igning is:		
The following event or fact will cause the docum	nent to take effect in the manner described below:		
·			
Ex	recution		
The undersigned signs this document subject to	the penalties imposed by law for the submission of a rtifies under penalty of perjury that the undersigned is		
Date: 03/28/2023			
Ву:	Divine and Service GP, Inc., general partner		
	Pard Gahnan		
•	Signature of authorized person		
	David Gershman, Executive Vice President		
•	Bright or hand name of outborized negron (see instructions)		