

L07000053966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR

SEP 16 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 723262 4311863  
AUTHORIZATION *[Signature]*  
COST LIMIT : \$ 25.00

FILED  
08 SEP 16 PM 12:45  
TALLAHASSEE, FLORIDA

ORDER DATE : September 16, 2008  
ORDER TIME : 9:34 AM  
ORDER NO. : 723262-005  
CUSTOMER NO: 4311863

DOMESTIC AMENDMENT FILING

NAME: DIVINE SQUARE LW, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris -- EXT# 2937

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
08 SEP 16 PM 12:45  
TALLAHASSEE, FLORIDA

Divine Square LW, LLC

(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 May 21, 2007 and assigned  
Florida document number L07000053966.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

18425-18441 NW 2nd Avenue

Miami-Gardens, Florida 33169-4525

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Elmwood Business Park

701 Route 70 East, Building One

Marlton, New Jersey 08053

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Corporation Service Company

New Registered Office Address:

1201 Hays Street

(Enter Florida street address)

Tallahassee

(City)

Florida 32301

(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 608, 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.*

Allison Quigley  
(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

| Title | Name                                    | Address   | Type of Action   |
|-------|---|---|--|
| MGR   | Jean Joseph                             | 2300 NW Corporate Blvd., #141<br>Boca Raton, FL 33431                                 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM  | Regional Capital<br>Investments, L.L.C. | Elmwood Business Park<br>701 Route 70 East, Building One<br>Marlton, New Jersey 08053 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |   |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |   |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |   |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |   |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated September 3, 2008

Signature of a member or authorized representative of a member

Joseph A. McGETTIGAN

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00