## 109000002011

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

Office Use Only



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09/11/12--01008--011 \*\*25.00

12 SEP 26 PM 3: 17

SEP 2 7 2012 T. HAMPTON

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |  |  |  |  |
|--|--|--|--|--|--|
| SUBJECT: Divine Consign UC  Name of Limited Liability Company  |  |  |  |  |  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.  |  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:  |  |  |  |  |  |
| Rebellah Panley Name of Person   |  |  |  |  |  |
| Divine Consign, UC   |  |  |  |  |  |
| US Scramton<br>Address   |  |  |  |  |  |
| Ft. Walth Run, Ft. 3257  |  |  |  |  |  |
| E-mail address: (to be used for future annual report notification)   |  |  |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |  |  |
| Name of Person at (350) 259-9824  Area Code & Daytime Telephone Number   |  |  |  |  |  |
| Enclosed is a check for the following amount:  |  |  |  |  |  |
| S25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S55.00 Filing Fee Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) |  |  |  |  |  |

MAILING ADDRESS:
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



RECEIVED

12 SEP 26 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 12, 2012

REBEKAH PARKER 108 SCRANTON FT WALTON BEACH, FL 32547

SUBJECT: DIVINE CONSIGN, LLC

Ref. Number: L09000002011

We have received your document for DIVINE CONSIGN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 512A00022988

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 SEP 26 PM 3: 18

|  |  |                              | 15 20 50 18 3: 18                     |
|--|--|------------------------------|---------------------------------------|
| Divine   | Consign, 110   | <u> </u>                     |                                       |
| (Name of the Limited   | Liability Combany as it n<br>Florida Limited Liability C | ow appears on our            | ecords.)                              |
| (0   | rionda Emined Elabinty C                                 | company)                     |                                       |
| The Articles of Organization for this Limited Li   | bility Company were file                                 | ed on                        | 69 (News) and assigned                |
| Florida document number 6 3 000  | 2378.10  | 1                            | -                                     |
| Florida document number L09000   | ) O2011  |                              |                                       |
| This amendment is submitted to amend the following                                       | wing:  |                              |                                       |
| A. If amending name, enter the new name of   | the limited liability con                                | ipany here:                  |                                       |
|  |  |                              |                                       |
| The new name must be distinguishable and end with "L.L.C."                               | the words "Limited Liabi                                 | lity Company," the do        | esignation "LLC" or the abbreviation  |
| <b>.</b>   | ble: Not   | Ern Eil                      | we construct                          |
| Enter new principal offices address, if applica  | ble: New 1/9   | 220 CHO                      | 32578                                 |
| (Principal office address MUST BE A STREE  | <u>"ADDRESS)</u> \                                       | ceville, H                   | 345 M                                 |
|  |  |                              |                                       |
|  | ١  |                              |                                       |
| Enter new mailing address, if applicable:  | 101  | Scramo                       | - FWB, FL 3254'                       |
| (Mailing address MAY BE A POST OFFICE)   | <u></u>  |                              | · · · · · · · · · · · · · · · · · · · |
|  |  |                              |                                       |
| <b>.</b>   |  |                              |                                       |
| B. If amending the registered agent and/or registered agent and/or the new registered of |  | ress on our recor            | ds, enter the name of the nev         |
|  |  |                              |                                       |
| Name of New Registered Agent:  | Kebeka   | n Parlu                      | $\mathcal{C}$                         |
|  | 109 SAKANHON   | this tis                     | 2647                                  |
| New Registered Office Address:   | TIM COLVITION  | 1 IVI/ 1 / J<br>Enter Florid | a street address                      |
|  | C1 \01011  | $\sim$ 4                     | SOCUT                                 |
|  | Ft. WALTER   | <u> </u>                     | Florida 3001 1                        |
| No. Design 1A 42 Cl. 4 16 3  | 0.09   |                              | p                                     |

## 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 hereby confirm that the limited liability company has been notified in writing of this change.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 <u>Title</u> **Name** Address **Type of Action** Rebekah Panker

Alaire Willis 109 scanton FWB FI ☐ Add ☐ Remove ∏Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee