

L10000004506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

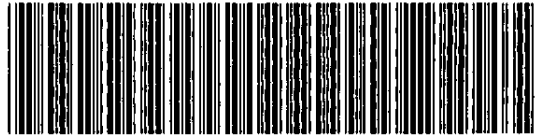
(Business Entity Name)

(Document Number)

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2010 MAY 21 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

MAY 24 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE DIVINING FORCE LLC
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:

Emmanuel T Turner
Name of Person

The Diving Force LLC
Firm/Company

4241 Commercial Dr
Address

Sebring, FL 33870
City/State and Zip Code

ghosthippo@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William J Serey at (**863**) **443-2735**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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:
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

FILED

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The Diving Force LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 4, 2010 and assigned Florida document number L10000004506.

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)

The Diving Force LLC

4400 Rachael Dr

Sebring, Florida 33872

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

The Diving Force LLC

4400 Rachael Dr.

Sebring, Florida 33872

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: Emmanuel T Turner

New Registered Office Address: 4400 Rachael Dr

Enter Florida street address

Sebring

City

Florida

33872

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.


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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Emmanuel T Turner	4400 Rachael Dr Sebring, FL 33872	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jonathan F Turner	4600 Rachael Dr Sebring, FL 33872	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Danella Elizabeth Turner	4600 Rachael Dr Sebring, Florida	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	William J Serey	3729 Edgewater Dr Sebring, FL 33872	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated April 3rd, 2010

William J Serey
 Signature of a member or authorized representative of a member

William J Serey
 Typed or printed name of signee

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

HILLSBOROUGH

Community College

Social Security or HCC Student ID No.

LIMIT OF ONE TRANSCRIPT PER REQUEST FORM

Please Print All Information Requested:

Last Name _____ First Name _____ M.I. _____ (Previous Name)

Address (Street/City/State/Zip) _____

E-Mail Address _____ Telephone Numbers: Home Work Cell

Check here if this is an address change.

Social Security or ID Number must be included and all financial obligations to the college must be satisfied or this form will not be processed. Allow 5-7 working days for processing. If request is made during registration periods, the processing time is longer.

Send transcript to: (must be filled out completely or request will not be processed)

Name/College: _____

Attention: _____

Address: _____

City/State: _____ Zip Code: _____

Office Use Only: Date Received _____ Date Sent _____ Sent By (Print) _____ 3-1-080 (10/08)

\$5.00 FEE PER TRANSCRIPT

(Check or Money Order)

- Dale Mabry Campus
P.O. Box 30030
Tampa, FL 33630-3030
- Plant City Campus
& MacDill Center
1206 North Park Road
Plant City, FL 33563-1540
- Ybor City Campus
2112 14th Street
Tampa, FL 33605-5096
- Brandon Campus
10414 E. Columbus Dr.
Tampa, FL 33619-7856
- SouthShore Center
551 24th Street N.E.
Ruskin, FL 33570

I am requesting:

- Regular College Credit Transcript
- Continuing Education Transcript
- PSAV Transcript
- Other: _____

When to send transcript:

- Send immediately
- Hold for degree or certificate statement for _____ term
- Hold for end of _____ term

Student's Signature _____ Date _____

My signature authorizes HCC to release my records and test scores.