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# COVER LETTER

Division of Corpo	rations		- ·
MARIO AUT	O AND CONSULTING, LLC	2	
SUBJECT:	Name of Limite	d Liability Company	<del></del>
The enclosed Articles of Ar	mendment and fee(s) are submi	itted for filing.	
	lence concerning this matter to	-	
rease return an correspond	chec concerning this matter to	the following.	
	MICHAEL K. NARANJIT		
		Name of Person	
	ACCOUNTING & TAXES	2000 PLUS, LLC	
Firm/Company			
	16499 NE 19TH AVE., STE	102	
		Address	
	NORTH MIAMI BEACH, F	FLORIDA, 33162	
		City/State and Zip Code	<del> </del>
MICHAEL@TAXES2000PLUS.COM			
	E-mail address: (to	be used for future annual report notificat	ion)
For further information con	cerning this matter, please call	1:	
MARIUS MARCINKEVIO	CIUS	224 678-5357 at (	
Name of P	erson	at () Area Code Daytime Te	lephone 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)

**Registration Section** 

TO:

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

MARIO AUTO AND CONSULTING, LLC					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recor liability Company)	<u>ds.</u> )			
he Articles of Organization for this Limited Liability Company	were filed on 03/28/2011	and assigned			
orida document number L11000037108		•			
nis amendment is submitted to amend the following:					
. If amending name, enter the new name of the limited liab	ility company here:				
DIVINE TRADING, LLC					
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	C" or the abbreviation "L.L.C."			
nter new principal offices address, if applicable:	335 S. BISCAYNE BLVD., #1403				
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FLORIDA, 33131	5 2a			
	<del> </del>				
nter new mailing address, if applicable:		部分 <b>マ</b>			
Mailing address MAY BE A POST OFFICE BOX)					
		57. 67.			
		5H. <b>4</b>			
. If amending the registered agent and/or registered of		**			
<u>egistered agent and/or the new registered office address her</u>	<u>e</u> :				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, F	lorida			
	City	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARIUS MARCINKEVICIUS	335 S. BISCAYNE BLVD., #1403	<b>a</b> Add
		MIAMI, FLORIDA, 33131	□ Remove
			Change
MGRM	LAURA VETTA	335 S. BISCAYNE BLVD., #1403	
		MIAMI, FLORIDA, 33131	■ Remove
			Change
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n effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the	e prior to date o	f filing or more than	90 days after filin	g.) Pursuant to
cument's effective date on the Department of State's re		idioi, iiiig iequi	. • • • • • • • • • • • • • • • • • • •	
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Filing Fee: \$25.00