L12000003110

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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September 29, 2022

JUAN CRUZ 6820 N AUGUSTA DR HIALEAH, FL 33015

SUBJECT: DIVINE LIVING IN HIALEAH LLC

Ref. Number: L12000003110

We have received your document for DIVINE LIVING IN HIALEAH LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6939.

Letter Number: 422A00021774

Agnes Lunt Regulatory Specialist III

COVER LETTER

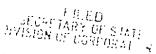
Division of Co			
DIVINE	LIVING IN HIALEAH LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JUAN CRUZ		
		Name of Person	
	DIVINE LIVING IN HIAI	LEAH LLC	
		Firm/Company	
	6820 N AUGUSTA DR		
		Address	
	HIALEAH, FL 33015		
	YADELKIS@MSN.COM	City/State and Zip Code	
		to be used for future annual report no	otification)
For further information	concerning this matter, please co	•	,
JUAN CRUZ		786 390-7906 at ()	
Name	of Person	at () Area Code Dayti	me 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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JUL 13 AH 11: 27

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(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 Con	mpany were filed on January	6, 2012 and assigned
Florida document number L12000003110	<u>.</u> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
DIVINE LIVING LEC Divine Living Cor The new name must be distinguishable and contain the words "Limite	isulting LC	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	17110 RESERVE C	T
(Principal office address MUST BE A STREET ADDRE	SOUTHWEST RAN	ICHES, FL 33331
Enter new mailing address, if applicable:	17110 RESERVE C	T.
(Mailing address MAY BE A POST OFFICE BOX)	SOUTHWEST RAN	ICHES, FL 33331
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our recor	ds, enter the name of the new registered
	COPPAR OT	
New Registered Office Address: 17110 R	ESERVE CT Enter Florida s	treet address
SOUTH	WEST RANCHES	, Florida 33331
	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 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	CRUZ. JUAN	17110 RESERVE CT	□ Add
		SOUTHWEST RANCHES, FL 33331	□Remove
			■ Change
MBR	MORALES DE CRUZ, SANTA Y	17110 RESERVE CT	□Add
		SOUTHWEST RANCHES, FL 33331	□Remove
			■Change
			□ Change
			□ Add
			□Remove
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Effective date, if other than the fan effective date is listed, the date in Mote: If the date inserted in this document's effective date on the	must be specific and connot be per block does not meet the an	prior to date of filing or me	(optional) ore than 90 days after filing.) P g requirements, this date wi	ursuant to 605.0207 (ill not be listed as t
record specifies a delayed effect d is filed.	rtive date, but not an effectiv	ve time, at 12:01 a.m.	on the earlier of: (b) The 9	90th day after the
Dated JULY I	2022	·		
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