

L12000087960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

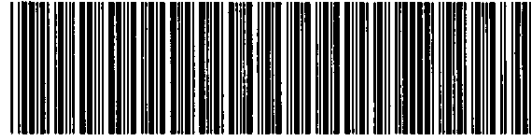
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 24 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DIVINE WILL. 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:

CARLOS M. AMOR, ESQ.

Name of Person

PRINCIPAL LEGAL GROUP, LLC.

Firm/Company

223 E FLAGLER ST, STE 620

Address

Miami, FL 33131

City/State and Zip Code

info@principallegalgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos M. Amor, Esq.

Name of Person

305 at (305)

Area Code

454-4160

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DIVINE WILL, 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 07/05/2012 and assigned
Florida document number L12000087960.

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)

J Ramirez De Velasco

254 PISO 7 DPTO A

Capital Federal, C.A.B.A. Argentina, C1000ZAA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

PRINCIPAL LEGAL GROUP, LLC

New Registered Office Address:

223 E. Flagler Street, Ste 620

Enter Florida street address

Miami

City

Florida

33131

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HORACIO LEZZI	J Ramirez De Velasco	<input checked="" type="checkbox"/> Add
		254 PISO 7 DPTO A	<input type="checkbox"/> Remove
		Capital Federal, C.A.B.A. Argentina, C1000ZAA	
MGR	JOSE CORREA	1080 CYPRESS PARKWAY	<input type="checkbox"/> Add
		KISSIMMEE, FL 34759	<input checked="" type="checkbox"/> Remove
AMBR	DIANE P. GARNICA	247 SW 8th Street, # 182	<input type="checkbox"/> Add
		Miami, FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

October 20, 2014

Signature of a member or authorized representative of a member

CARLOS M. AMOR, ESQ.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA