

LIB00033370

(Requestor's Name)

(Address)

(Address)

(City/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



900268718729

02/02/15--01007--023 \*\*25.00

FILED  
2015 JAN -2 PM 2:27  
CLERK OF STATE  
TALLAHASSEE FLORIDA

FEB 09 2015  
J. BRUCI

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Kind Helping Hands Construction, 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:

Georgette Smith-Marquis  
Name of Person

Kind Helping Hands Construction, LLC  
Firm/Company

10928 Hillcrest Ave  
Address

Port Richey, FL 34668  
City/State and Zip Code

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

For further information concerning this matter, please call:

Georgette Smith-Marquis at (727) 776 0016  
Name of Person Area Code Daytime Telephone Number

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2015 JAN -2 PM 2:27

FILED

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**

Kind Helping Hands Construction, 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 3/5/13 and assigned  
Florida document number L13000033370

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Divine Group, LLC

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)

10928 Hillcrest Ave  
Port Richey, FL  
34668

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10928 Hillcrest Ave  
Port Richey, FL  
34668

**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:

New Registered Office Address:

Enter Florida street address

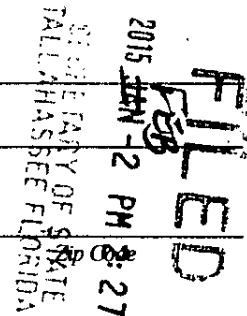
Florida

City

**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 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>
			<input type="checkbox"/> Add
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
2015 FEB 2 PM 2:27  
CLERK OF STATE  
TALLAHASSEE FLORIDA

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

---

---

---

---

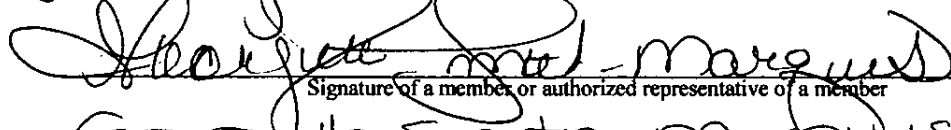
---

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 \_\_\_\_\_ more than 90 days after the date this document is filed by the Florida Department of State)

Dated

January 18, 2015.



Signature of a member or authorized representative of a member

Margaret Smith-Markus

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
2015 JAN -2 PM 2:27  
CLERK OF STATE  
TALLAHASSEE FLORIDA