L13000125670

(Requestor's Name)			
(Address)			
(Address)			
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PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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COVER LETTER

TO: Registration Section
Division of Corporations

DIVINE CUSTOMS AUTO CARE, 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:

Miguel A. Gonzalez

Name of Person

Firm/Company

8200 N. Saint Peter Ave.

Address

Tampa, FL 33614

City/State and Zip Code

climaxtampa@gmail.com

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

For further information concerning this matter, please call:

Miguel A. Gonzalez

___813\476**-**0331

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 ARTICLES OF ORGANIZATION **OF**

DIVINE CUSTOMS AUTO CARE, 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 L	iability Company	were filed on Septem	nber 5th, 2013 and assigned	
Florida document number <u>L13000125670</u>	·		⊼ ≲ 3	
This amendment is submitted to amend the foll A. If amending name, enter the new name of		oility company here:	FILED SEP 30 PM	
The new name must be distinguishable and end wi	th the words "Limi	ited Liability Company." t	<u>~</u> ∽	
"L.L.C."		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DA 16	
Enter new principal offices address, if applicable:		3800 Fowler St. Suite 1		
(Principal office address MUST BE A STREET ADDRESS)		Fort Myers, FL 33901		
Enter new mailing address, if applicable:		3800 Fowler St. Suite 1		
(Mailing address MAY BE A POST OFFICE BOX)		Fort Myers, FL 33901		
B. If amending the registered agent and/ registered agent and/or the new registered o	•		records, enter the name of the new	
Name of New Registered Agent:	Miguel A. Gonzalez			
New Registered Office Address:	8200 N. Saint Peter Ave.			
	Enter Florida street address			
	Tampa		, Florida <u>33614</u>	
		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 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 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> **Address** Type of Action 8200 N. Saint Peter Ave. Add Miguel A. Gonzalez **MGRM** Tampa, FL 33614 Remove Remove Remove Remove Remove Remove

D. If amending any other information, ento	er change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
	*,***
Dated September 19th.	2013
Mucust Senso	ly
	a member or authorized representative of a member
Miguel A. Gonzalez	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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