## 1/3000/65599

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
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HAR O 3 2017 J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations  MY
SUBJECT: DIVINE MENCY Sports LLC (charge to Home 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:
r-lease retain an correspondence concerning this matter to the following.
Rich ScanLow Name of Person
Home Organics WC
5707 May Flower Way #305
Ave Maria, FL 34142 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rich Scarbon at 239, 218-1958  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$(additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed)\$\$ 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

Divine Metry (Name of the Limited Liability Gompa)	Sports LLO	(s.)
	ny asit now appears on our record liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number/	were filed on $\frac{J4/4}{99}$	27, 2010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	CS LLC.	77 d d d d d d d d d d
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LUC	
Enter new principal offices address, if applicable:	Same	HAR HAR
(Principal office address MUST BE A STREET ADDRESS)	***************************************	<u> </u>
	, <u></u>	<u> </u>
		<u>မ</u> မိန
Enter new mailing address, if applicable:	Same/	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the new
Name of New Registered Agent:	Same	
New Registered Office Address:		
	Enter Florida street addres.	3
	, Flo	orida
	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:

<u>Title</u>	Name	Address	Type of Action			
AMBR	Laura Scanbon	Address Type of Action  5707 May Cower Why Add  #305  Remove  Ave Mana Fr 34/42 Change				
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		Ave Maria, FL 341	<u> </u>			
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	ite, if other than the c	be specific and cannot	t be prior to date on e applicable sta	tutory filing requ	rements, this date	.) Pursuant to 60	05.020 sted as	7 (3)( s the
te: If the cument's	date is listed, the date must date inserted in this bloceffective date on the Department of the Depart	partment of State's effective date,				on the earl	ier o	f:
record record	date is listed, the date must date inserted in this bloceffective date on the Department of the Depart	partment of State's effective date,				on the earl	ier o	f:
reffective te: If the nument's record the 90th	date is listed, the date must date inserted in this bloceffective date on the Department of the Depart	partment of State's effective date,				on the earl	ier o	f:
n effective te: If the cument's record	date is listed, the date must date inserted in this bloceffective date on the Department of the date and day after the reco	partment of State's effective date,	but not an e	ffective time,	at 12:01 a.m.	on the earl	ier 17 MAR	f:

Page 3 of 3

Filing Fee: \$25.00