

L14000035777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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14 JUN -2 09 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 09 2014

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DIVINE VARIETY SERVICES 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:

SALNAVE PIERRE

Name of Person

DIVINE VARIETY SERVICES LL

Firm/Company

245 N E 96 ST

Address

MIAMI SHORES FLORIDA 33138

City/State and Zip Code

lilabpierre@bellsouth.net

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

For further information concerning this matter, please call:

SALNAVE PIERRE

Name of Person

at (**786**) **581 292**

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

FILED
14 JUN -2 PM 12:35
TALLAHASSEE, FL
SECRETARY OF STATE

DIVINE VARIETY SERVICES LLC

The Articles of Organization for this Limited Liability Company were filed on MARCH 1, 2014 and assigned Florida document number L14000035777.

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."

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

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 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>
<u>MGR</u>	<u>SALNAVE PIERRE</u>	<u>245 N E 96 ST</u>	<input checked="" type="checkbox"/> Add
		<u>Miami shores fl 33138</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>LILA PIERRE</u>	<u>245 N E 96 ST</u>	<input type="checkbox"/> Add
		<u>MIAMI SHORES FL 33138</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>LILA PIERRE</u>	<u>245 N E 96 ST</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI SHORES FL 33138</u>	<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

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14 JUN - 2 11 12 35
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TALLAHASSEE FL 32304

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 cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____



Signature of a member or authorized representative of a member

SALNAVE PIERRE

Typed or printed name of signee

FILED
14 JUN -2 PM 12:36
SECRET/EX-101
TALLAHASSEE, FL 32310