

L14000056766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

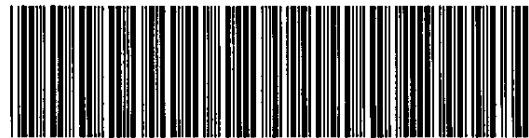
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

Office Use Only



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09/24/14--01005--008 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 30 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Divine Investment Group**

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:

Roderick Lawson

Name of Person

Divine Investment Group, LLC

Firm/Company

1630 NW 1ST AVE #15239

Address

Gainesville, FL 32604

City/State and Zip Code

wharf@tlc2000.net

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

For further information concerning this matter, please call:

Roderick Lawson

Name of Person

at **352 271-6655**

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
TO
ARTICLES OF ORGANIZATION
OF**

Divine Investment Group, 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 04/07/2014 and assigned
Florida document number L14000056766

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)

1630 NW 1ST AVE #15239

Gainesville, FL 32604

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1630 NW 1ST AVE #15239

Gainesville, FL 32604

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TALLAHASSEE, FLORIDA

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: Roderick Lawson

New Registered Office Address: 1630 NW 1ST AVE #15239

Enter Florida street address

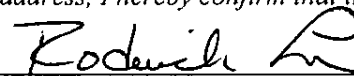
Gainesville, Florida 32604

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>
MGR	REMEDIOS N PATALINGHUG	4924 NW 143RD ST	<input type="checkbox"/> Add
		Gainesville, FL 32606	<input checked="" type="checkbox"/> Remove
MGR	ROSS B. KASKESKI	4924 NW 143RD ST	<input type="checkbox"/> Add
		Gainesville, FL 32606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove

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

Changing MGR Roderick N. Lawson's address to

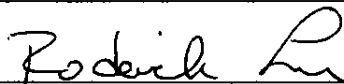
13326 University Station

Gainesville, FL 32604

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

Roderick N. Lawson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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