14000060635

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COVER LETTER

TO:	Registration S Division of Co			•
CLID IE		are Learning Center LLC		
SUBJEC	~1:	Name of Limite	ed Liability Company	
The encl	osed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please re	eturn all corresp	ondence concerning this matter to	the following:	
			Nicołe C. Mack	
			Name of Person	
		Div	vine Care Learning Center LLC	
			Firm/Company	
			140 Briarcliff Dr.	
			Address	
			Kissimmee, FL 34758	
			City/State and Zip Code	.
		Divine E-mail address: (to	CareLearningCenter@gmail.com be used for future annual report notifie	cation)
For furth	er information (concerning this matter, please call	l:	
		C. Mack	407 201-9151 at ()	
	Name (of Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for t	he following amount:		,
□ \$ 25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl~-1)	S60.00 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 Care Learnin	-		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appear: d Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	April 14,2014	and assigned
lorida document numberL14000060635			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited lia	ability company he	<u>re</u> :	
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the de	signation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)	<u> </u>	······································	
			<u> </u>
			4 4
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
naming dauress may be a rost office boay	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	-		Tr. Gi
3. If amending the registered agent and/or registered	office address on	our records, ente	> -
egistered agent and/or the new registered office address he	ere:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	John P. Mack	140 Briarcliff Dr. Kissimmee, FL 34758	= Add
			□ Remove
			□ Change
AMBR	Nicole C. Mack	140 Briarcliff Dr. Kissimmee, FL 34758	
			— Детоve
			Change
			E Remove
			☐ Change
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ective date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filities. If the date inserted in this block does not meet the applicable statutor		
ument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effec he 90th day after the record is filed.	tive time, at 12:01 a.m. on the	e earlier (
October I 2018		
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Typed or printed name of signee

Filing Fee: \$25.00