## 114000082334

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27. <b>B</b>
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T. BROWN

## COVER LETTER

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то:	Registration Sect Division of Corpo	
SUBJI	Divers	se Finance Holdings, LLC
		Name of Limited Liability Company
The en	closed Articles of A	mendment and fee(s) are submitted for filing.
Please	return all correspond	dence concerning this matter to the following:
		Perry Scott
		Name of Person
		9471 W. McNab Road
		Address
		Tamarac, FL 33321
		City/State and Zip Code ps1098765@gmail.com  E-mail address: (to be used for future annual report notification)
For fur	ther information con	acerning this matter, please call:
Pe	rry Scott	<sub>at</sub> (305) 793-1655
Name of Person		
Enclos	ed is a check for the	following amount:
\$2	5.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ARTICLES OF	AMENDMENT	
T	0 /2 /2	
ARTICLES OF C	AMENDMENT O ORGANIZATION F  my as it now appears on our records.)	
0	F G	
Diverse Finance Holdings, LLC	wy on the power on our precords \	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000082334</u> .	were filed on 5/21/14 and assigned	
This amendment is submitted to amend the following:		
· ·		
A. If amending name, <u>enter the new name of the limited liab</u>	<u>ility company here</u> :	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	9471 W. McNab Road	
(Principal office address MUST BE A STREET ADDRESS)	Tamarac, FL 33321	
•		
Enter new mailing address, if applicable:	9471 W. McNab Road	
Mailing address MAY BE A POST OFFICE BOX)	Tamarac, FL 33321	
•		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		
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:

<u>Title</u>	<u>Name</u>	Address Ty	pe of Acti
MGR	Paul Mills	16825 Isle of Palms Dr. #B	
		Delray Beach, FL 33484	
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amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
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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 the date this document is filed by the Florida Department of State)	cannot be more than 90 days after			
Dated				
faul Mille				
/Signature of a member or authorized repres	entative of a member			
Paul Mills				

Page 3 of 3

Filing Fee: \$25.00