# L14000 105 191

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SECRETARY OF SOLICE DIVISION OF CORP. P. M. 1.7. BM 2: 1.0

J. HARRIS

## ... COVER LETTER

TO: Registration Se Division of Cor			
Divine	e Marketing, L	LC	
SUBJECT:	<u>~</u> _	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Elizabeth R.	Mezza	
		Name of Person	
	Divine Mark	eting, LLC	
	<del></del>	Firm/Company	<del></del>
	3942 Sunny	Manor Cir.	
	, , , , , , , , , , , , , , , , , , , ,	Address	
	Milton, FL 32	2583	
		City/State and Zip Code	
	bethmezza@gmai	II.COM to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	·	,
Jeff Hovern	nale	at (850 \ 324-0)	793
Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the	e 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 Fec, 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 MARKETING, L			
(Name of the Limite	d Liability Compar A Florida Limited L	ny as it now appears on our records.) iability Company)	<del></del>
The Articles of Organization for this Limited Lia Florida document number L14000105191	ability Company	were filed on <u>07/02/2014</u>	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liabi	lity company bere:	
The new name must be distinguishable and end with the w	vords "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET ADDRESS)			
			1 2 3 2 元
Enter new mailing address, if applicable:			무 사용트
(Mailing address MAY BE A POST OFFICE BOX)			2:1
	<del></del>		œ 🔐
B. If amending the registered agent and/or registered agent and/or the new registered off			he name of the new
Name of New Registered Agent:	Penelope .	J. Lang	
New Registered Office Address:	3895 Sun	Valley Ct.  Enter Florida street address	
	Milton	, Florida 32	583
	<del></del>	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

	<u>Name</u>	<u>Address</u>	Type of Action
	Penelope J. Lang	3895 Sun Valley Ct.	<b>=</b> Add
		Milton, FL 32583	□ Remove
			□ Add
<del></del>			□ Add
<del></del>	<del> </del>		SECICIARY DIVISION OF TAXABLE 14 JAL 17 PREMOVED
_			D Remove Control of the Control of t
		· · · · · · · · · · · · · · · · · · ·	□ Remove
_			
			□ Remove

D. If amending any other in	formation, enter change(s) here: (Attach additi	ional sheets, if necessary.)
<del></del>		
	Article Action Control of Control	
		· · · · · · · · · · · · · · · · · · ·
E. Effective date, if other tha		(optional)
	fic, cannot be prior to date of receipt or filed date and cannot by the Florida Department of State)	be more than 90 days after
Dated 7-14	2014	
$\overline{\mathcal{Q}}$	un Welcol Nor	
	Signature of a member or authorized representativ	re of a member
Elizabeth	n'⊀. Mezza	
-	Typed or printed name of signee	

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Filing Fee: \$25.00