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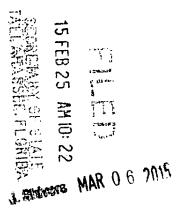
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COVER LETTER

TO:		istration Sec sion of Corp			
CHD IE		Divine Pa	irts LLC		
SUBJE	CI;		Name of Lim	ited Liability Company	
The end	closed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return	all correspor	ndence concerning this matter	to the following:	
			Wade Pitzer		
				Name of Person	
				Firm/Company	
			7834 Stoneleigh Dr		
				Address	
			Land O Lakes		
			· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
			wpitzer@hotmail.com	l to be used for future annual report notifi	(cation)
For furt	ther in	formation co	ncerning this matter, please ca	·	·
Wade	e Pitz	er		813 428-6297	
		Name of	Person		Telephone Number
Enclose	ed is a	check for the	e following amount:		
§ \$25	5.00 Fi	iling 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 Parts LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our reco ed Liability Company)	<u>rds.</u>)
he Articles of Organization for this Limited Liability Compa lorida document number L14000110588	nny were filed on <u>07/14/2014</u>	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	iability company here:	
Divine P LLC		
he new name must be distinguishable and end with the words "Limited I.	Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDRESS)</u>		<u> </u>
		5
		₩ B 1
nter new mailing address, if applicable:		SS 25
Aailing address MAY BE A POST OFFICE BOX)		
22.02.2029		
	-	200 2
. If amending the registered agent and/or registered egistered agent and/or the new registered office address h		
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addr	ress
		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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	Ianager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Sonia Pitzer	7834 Stoneleigh Dr	Add
		Land O Lakes, FL 34637	☐ Remove
			-
			Add
			□ Remove
			75 Fremove
			25 AM
			□ Remove
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			□ Remove

	ition, enter change(s) here: (Attach addit	
	<u> </u>	
	e date of filing: not be prior to date of receipt or filed date and cannot lorida Department of State)	(optional) be more than 90 days after
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Page 3 of 3

Filing Fee: \$25.00

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