

**L15000048355**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : ACCOUNT BOOKKEEPING CORP  
Account Number : I20120000055  
Phone : (407)898-1757  
Fax Number : (407)897-5336

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: info@abkcorp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DIVINE PROSPERITY LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

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2019 OCT 25 A 11:53  
TALLAHASSEE, FLORIDA

FILED

OCT 28 2019  
T. LEMIEUX

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DIVINE PROSPERITY LLC  
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:

LETICIA SANTOS  
Name of Person  
ACCOUNT BOOKKEEPING CORP  
Firm/Company  
5301 CONROY ROAD SUITE 140  
Address  
ORLANDO FL 32811  
City/State and Zip Code  
INFO@ABKCORP.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LETICIA 407 8971757  
Name of Person at 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

FILED

2019 OCT 25 A 11:53

DIVINE PROSPERITY LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/04/2016 and assigned  
Florida document number: L1500048355

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 1030 LEGACY LAKE TERRACE  
(Principal office address MUST BE A STREET ADDRESS) #102  
COLLIERVILLE, TN 38017

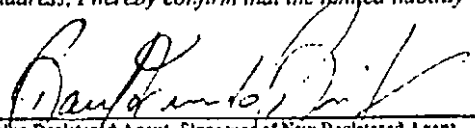
Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

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: PAULO F PINHEIRO  
New Registered Office Address: 3301 CONROY ROAD SUITE 140  
Enter Florida street address  
ORLANDO, Florida 32811  
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>                 | <u>Address</u>                   | <u>Type of Action</u>                      |
|--------------|-----------------------------|----------------------------------|--|
| MGR          | PAULO F PINHEIRO            | 1030 LEGACY LAKE<br>TERRACE #102 | <input type="checkbox"/> Add               |
|              |                             | COLLIERVILLE, TN 38017           | <input type="checkbox"/> Remove            |
|              |                             |                                  | <input checked="" type="checkbox"/> Change |
| MBR          | JOELMA DA COSTA<br>PINHEIRO | 1030 LEGACY LAKE<br>TERRACE #102 | <input type="checkbox"/> Add               |
|              |                             | COLLIERVILLE, TN 38017           | <input type="checkbox"/> Remove            |
|              |                             |                                  | <input checked="" type="checkbox"/> Change |
| MBR          | DANILO F. PINHEIRO          | 1030 LEGACY LAKE<br>TERRACE #102 | <input type="checkbox"/> Add               |
|              |                             | COLLIERVILLE, TN 38017           | <input checked="" type="checkbox"/> Remove |
|              |                             |                                  | <input type="checkbox"/> Change            |
| MBR          | MATHEUS H. PINHEIRO         | 1030 LEGACY LAKE<br>TERRACE #102 | <input type="checkbox"/> Add               |
|              |                             | COLLIERVILLE, TN 38017           | <input checked="" type="checkbox"/> Remove |
|              |                             |                                  | <input type="checkbox"/> Change            |
|              |                             |                                  | <input type="checkbox"/> Add               |
|              |                             |                                  | <input type="checkbox"/> Remove            |
|              |                             |                                  | <input type="checkbox"/> Change            |
|              |                             |                                  | <input type="checkbox"/> Add               |
|              |                             |                                  | <input type="checkbox"/> Remove            |
|              |                             |                                  | <input type="checkbox"/> Change            |

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

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 805.0207 (2)(b)  
Notes: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated OCTOBER 18

2019

Signature of a member or authorized representative of a member

PAULO F PINHEIRO

Typed or printed name of signee