L15000161951

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
Signature.		

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor				
Divine La	iser LLC			
SUBJECT:	Name of Lim	ted Liability Company		
	Amendment and fee(s) are sub-	-		
	Sonya L Laney			
		Name of Person		
	Sonya L Lancy CPA PA			
		Firm/Company	·	
	5131 S Ridgewood Ave St	; F		
		Address		
	Port Orange, FL 32127			
		City/State and Zip Code		
	loribigenho@gmail.com			,
	E-mail address: (1	o be used for future annual report notifi	cation)	<u> 고</u> 포함
For further information of	oncerning this matter, please ca	ા :		
Lori Bigenho		305 975-5185		WE THE TOTAL STATE OF THE STATE
Name o	f Person	Area Code Daytime	Telephone Number	- 72 - F. C.
Enclosed is a check for the	he following amount:			3: 24
■ \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



May 1, 2020

SONYA L LANEY SONYA L LANEY CPA PA 5131 S RIDGEWOOD AVE., STE F PORT ORANGE, FL 32127

SUBJECT: DIVINELASER, LLC Ref. Number: L15000167951

We have received your document for DIVINELASER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 020A00009067

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20 May 11 PM 3: 24

Divine Laser LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 10/02/2015	and assigned
Florida document number L15000167951	

This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City

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
mngr	Martin Bigenho	21 Concord Dr	■Add
		Ormond Beach, FL 32174	□Remove
			□ Change
			□Remove
			☐ Change
			□Add
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			04/13/202	0			
effective date is !	other than the isted, the date mus	st be specific an	d cannot be pri	or to date of fili	ng or more than 9	(option: 0 days after fili	ng.) Pursuant to 605.
≝ If the date o	nserted in this blue we date on the Do	ock does not	meet the appl	icable statutor	y filing require	ments, this di	ite will not be liste
		•					
	dolayed effectiv	e date, but no	t an effective	time, at 12:01	a.m. on the es	rlier of: (b)	The 90th day after
filed.							
d April 13			2020				
		1R	01	,			
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Signature of =	member or ser	horized man-	nistive of a men	ber	

Filing Fee: \$25.00