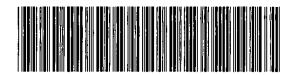
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2017 JUL 11 THE 1: OO

J. HARRIS

# **COVER LETTER**

Division of Corporations
SUBJECT: Angels With A Divine Purpose, LIC 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:
Margaret Cullins Name of Person
Argels With A Divine Purpose, LLC
240 SE Stephens St.
Madison FL 32340  Cily/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Margaret Collins at (850) 510-3080  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

## MAILING ADDRESS:

TO:

Registration Section

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

(A Florid	a Limited Liability Company)							
The Articles of Organization for this Limited Liability of Florida document number 116001560		olo and assigned						
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the lim	nited liability company here:							
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."						
Enter new principal offices address, if applicable:	<del></del>							
(Principal office address MUST BE A STREET ADD	RESS)	17 TV 5						
		<u> </u>						
		= 952						
Enter new mailing address, if applicable:		3 SEC						
(Mailing address MAY BE A POST OFFICE BOX)								
		55						
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		, enter the name of the new						
Name of New Registered Agent:								
New Registered Office Address:								
	Enter Florida street address	5						
,	, Flo	orida						
· · · · · · · · · · · · · · · · · · ·	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

Type of Action <u>Title</u> Name <u>Address</u> Carla Adams MGRIAMBR \_□ Add ☐ Change Stephanie Leland □ Add Kemove ☐ Change □ Add □ Remove ☐ Change \_□ ∧dd ☐ Remove ☐ Change □ Remove □ Change □ Add <u>\_</u>□ Remove ☐ Change

	Effect (If an ef	tive date, if other than the difective date is listed, the date must lift the date inserted in this block	late of filing:  be specific and cannot be prior to date of filing ck does not meet the applicable statutory partment of State's records.	( <b>optional</b> ) s or more than 90 days after filing.) Pursuant to	. 605.0207 (
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