## LITACOMOTS99

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N. CAUSSEAUX DEC 1 3 2017

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	ect: Divine	Name of Lin	Maintenar hited Liability Company	ice Services, LLC
The en	closed Articles of Amendmen	nt and fee(s) are sub	omitted for filing.	
Please	return all correspondence cor	  cerning this matter	to the following:	
		Fernan	ndo Maynor	
		Divine 1	Virtual Solut	
		2317 364	Address South	1
		7. Peters	burg Florida City/State and Zip Code	33711
	ter		ayner o gma. 10	
For fur	ther information concerning	this matter, please c	all:	
Fer	nando Mayi		at ( <u>727</u> ) <u>1642</u> - Area Code Day	3472 time Telephone Number
Enclose	ed is a check for the followin	g amount:		
<b>☑</b> \$2:	5.00 Filing Fee	00 Filing Fee & tificate 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 ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Divine 1	Lawn 3 Mainte	nance	Services, LLC	
( <u>Na</u> 	me of the Limited Liability Compan (A Florida Limited Li		s on our records.)	
The Articles of Organization for t	his Limited Liability Company v	vere filed on	5/15/2017 an	d assigned
Florida document number	1000 107599.			
This amendment is submitted to a				
A. If amending name, enter the			<del></del>	
The new name must be distinguishable a	Solutions, LLC.			
The new name must be distinguishable a	ind contain the words "Limited Liabilit	y Company," the de	esignation "LLC" or the abbreviation	n "L.L.C,"
Enter new principal offices add	ress, if applicable:			26 27
(Principal office address MUST	BE A STREET ADDRESS)			10000000000000000000000000000000000000
				10-12-2°
				1
Enter new mailing address, if a	oplicable:			7 25
(Mailing address MAY BE A PO	ST OFFICE BOX)			
B. If amending the registered	d agent and/or registered off	ice address on	our records, enter the na	ime of the new
registered agent and/or the new				
;				
Name of New Registere	d Agent:	- <del></del>		
New Registered Office	Address:			
		Enter Florida street address		
			, Florida	<u> </u>
N		City	гір С	.ode
New Registered Agent's Signature				
I hereby accept the appointmen provisions of all statutes relativ accept the obligations of my pos being filed to merely reflect a cl company has been notified in w	e to the proper and complete partition as registered agent as prefered in the registered office of	performance of rovided for in C	my duties, and I am familia Chapter 605, F.S. Or, if this	r with and document is

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> **Type of Action** \_□ Add □ Remove \_ Change □ Add \_□ Remove \_□ Change □ Change \_□ Remove ☐ Change \_□ Add □ Remove \_□ Change \_O Add □ Remove ☐ Change

D. If amending any other information	tion, enter change(s) here: (Attach additional sheets, if necessary.)	
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(1) The desired and in the case in the	date of filing: $5/15/2017$ (optional) st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60:	5.0207 (3 <b>)(b</b> )
Note: If the date inserted in this blo	ock does not meet the applicable statutory filing requirements, this date will not be list epartment of State's records.	ted as the
f the record specifies a delayed b) The 90th day after the reco	d effective date, but not an effective time, at $12:01\ a.m.$ on the earliered is filed.	ier of:
Dated December 8		
	Signature of a member or authorized representative of a member	
	ernando Maynor	
	Typed or printed name of signee	
	Page 3 of 3	

Filing Fee: \$25.00