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COVER LETTER

Division of Co			
SUBJECT:	Divine Lakewood	& Rande 116C	
	Name of Limite	ed Liability Company	•
The enclosed Articles o	f Amendment and fee(s) are subm	itted for filing.	
Please return all corresp	ondence concerning this matter to	the following:	
	Victor W. He	olcomb	
	Holcomb4 t	Name of Person Cung PA	
	20 -	Furth/Company	
	_3203 W. C	CYDYESS St-	
	Tampa Ta	City/State and Zip Code	
	·	City/state and Zip Code	
	E-mail address: (to	be used for future annual report notif	ication)
For further information	concerning this matter, please call	l:	
Nicole 1	ahnha	at (N3) 258-	-5835
Name	of Person	Area Code Daytimo	: 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

Divine Lakewood Ranch, 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 $\frac{09/26/2017}{1}$ and assigned Florida document number L17000198743 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Divine Hospitality, LLC 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: (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 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: 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.

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>	Name	Address	Type of Action
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Filing Fee: \$25.00