# 117000 238201

| (Requestor's Name)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer: |  |
|---|--|
| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  | (Requestor's Name)                       |
| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  |  |
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status   | (Address)                                |
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status   |  |
| (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  | (Address)                                |
| (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  |  |
| (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  | (City/State/Zip/Phone #)                 |
| (Document Number)  Certified Copies Certificates of Status  | PICK-UP WAIT MAIL                        |
| (Document Number)  Certified Copies Certificates of Status  |  |
| Certified Copies Certificates of Status   | (Business Entity Name)                   |
| Certified Copies Certificates of Status   |  |
|   | (Document Number)                        |
|   |  |
| Special Instructions to Filing Officer:   | Certified Copies Certificates of Status  |
| Special Instructions to Filing Officer:   |  |
| Special instructions to Filling Officer.  | Special Instructions to Filing Officer:  |
|   | Special instructions to Filling Officer. |
| ļ   |  |
|   |  |
|   | j  |
|   |  |
|   |  |
|   |  |

Office Use Only



200305785282

CRIMING AND

NOV 2 9 2017 Y SHUKER

# **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: Divinevictory Care Agency LLC Mane of Limited Liability Company  |
| The enclosed Articles of Amendment and feets) are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:   |
| Anthonia Iwueze Name of Person  |
| Divinevictory Care Agency LLC   |
| 7100 NW 17th Street Apt 408   |
| Mantation FL. 33313  City/State and Zip Code  tonigwazee @ jales. Com  E-mail address: (to be used for future arrand report notitication) |
| For further information concerning this matter, please call:  |
| Arithonia Twuze at (305) 778 5850 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)   |

### 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

| DIVINEVICTORY (Name of the Limited Lie  | GC A                                 | -S C \( \sigma \)  The appears on our rec | LLC'                     | <del></del> -    |
|---|--------------------------------------|---|--------------------------|------------------|
| The Articles of Organization for this Limited Liabili   | tv Company were fi                   | led on 11/17//                            | <br>7an                  | d assigned       |
| Florida document number 2003 © 58   | 41952                                | -   |                          |                  |
| This amendment is submitted to amend the following  | <u>.</u> :                           |   |                          |                  |
| A. If amending name, enter the new name of the  | limited liability cor                | mpany here:                               |                          |                  |
| The new name must be distinguishable and contain the words                                    | Limited Liability Comp               | pany," the designation "l                 | J.C" or the abbreviatio  | on "L.L.C."      |
| Enter new principal offices address, if applicable:   |                                      |   |                          |                  |
| Principal office address MUST BE A STREET AI  | ODRESS)                              |   |                          |                  |
|   | -                                    |   |                          | <del>-</del>     |
| Enter new mailing address, if applicable:   |                                      |   |                          |                  |
| Mailing address MAY BE A POST OFFICE BOX  |                                      |   |                          | •                |
|   |                                      |   |                          |                  |
|   | <del></del>                          |   |                          |                  |
| B. If amending the registered agent and/or registered agent and/or the new registered office: | egistered office ad<br>address here: | ldress on our reco                        | rds, <u>enter the</u> na | me of the nev    |
|   |                                      |   |                          |                  |
| Name of New Registered Agent:   |                                      |   |                          |                  |
| New Registered Office Address:  |                                      |   |                          |                  |
|   | 1                                    | Enter Florida street add                  | lress                    | ··· <del>·</del> |
|   |                                      | ·   | Florida                  |                  |
|   | City                                 | •   | Zip C                    | cule             |

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | Address  | Type of Action  |
|--------------|-----------------|--|-----------------|
| MGR          | Anthonia Tweeze | 7/00 NW 17th St Apt 408<br>Platation 192 33313 | Add             |
|              |                 | Chike zie Uwazie                               | <b>□</b> Kemove |
|              | _               |  | □ Change        |
| AMBR         | Anthonia Luveze | 7100 NW 177 St. Apt 40<br>Plantahal Pl. 333/3  | S BAJd          |
|              |                 |  | □ Remove        |
|              |                 |  | 🗆 Change        |
|              |                 |  | □ Add           |
|              |                 |  | 🗆 Remove        |
|              |                 |  | □ Change        |
| <del></del>  |                 |  | □ Add<br>:      |
|              |                 |  | □ Remove        |
|              |                 |  | □ Change        |
|              |                 |  | □ Add           |
|              | ,               |  | C Remove        |
|              |                 |  | Change          |
|              |                 |  | □ Add           |
|              |                 |  | _□ Remove       |
|              |                 |  | _□ Change       |

|                        |  | •  |                   |                       |                    |  |                   |
|------------------------|--|--|-------------------|-----------------------|--------------------|--|-------------------|
|                        | <del></del>  |  |                   |                       |                    |  | <del></del>       |
|                        |  |  |                   |                       |                    |  | <del></del>       |
|                        |  |  |                   |                       |                    |  |                   |
|                        |  |  | -                 |                       |                    |  | <del></del>       |
| _                      | <del></del>  |  |                   |                       |                    |  |                   |
|                        |  |  |                   |                       |                    |  |                   |
|                        |  | •  |                   |                       |                    |  |                   |
|                        |  |  |                   |                       | <del></del>        |  | ··                |
|                        |  |  |                   |                       |                    |  |                   |
| _                      |  |  |                   |                       | <del></del>        |  |                   |
|                        |  |  |                   |                       |                    |  |                   |
|                        |  |  |                   |                       |                    |  | _                 |
| _                      | <del></del> -                                      | <del></del>                              |                   |                       |                    |  | <del></del>       |
|                        |  |  |                   |                       |                    |  |                   |
|                        |  | -  |                   |                       |                    |  |                   |
| _                      |  | <del></del>                              |                   | - <u>-</u> -          |                    |  |                   |
|                        |  |  |                   |                       |                    |  |                   |
|                        | -  | -  | <del></del>       | • •                   |                    | <u> </u>   | · • · · · ·       |
| _                      | <del>-</del>                                       |  |                   |                       |                    |  | <u> </u>          |
|                        |  |  |                   |                       |                    |  |                   |
|                        |  |  | <del></del>       | •••                   | · <u> </u>         | <del></del>                                      |                   |
| _                      | · <u>· · · · · · · · · · · · · · · · · · </u>      |  |                   |                       |                    |  |                   |
|                        |  |  |                   |                       |                    |  | <del></del> -     |
| _                      |  |  |                   | · · ·                 | <del></del>        |  |                   |
|                        |  |  |                   |                       |                    |  |                   |
| fectiv                 | e date, if other t                                 | han the date of                          | filing:           |                       |                    | (optional)<br>days after filing.) Pur            |                   |
| an effec<br>ote:     1 | ctive date is listed, the<br>f the date inserted i | date must be specil<br>nathis block does | fic and cannot be | prior to date of fili | ng or more than 90 | days after filing.) Pur<br>tents, this date will | suant to 605,0207 |
| cume                   | nt's effective date of                             | on the Departmen                         | nt of State's rec | ords.                 | y ming requiren    | tents, this date will                            | not be fisted as  |
|                        |  |  |                   |                       |                    |  |                   |
| reco                   | ord specifies a c                                  | telaved effect                           | ive dato, bu      | t not an office       | tiva tima at       | 12:01 a.m. on t                                  | م حمالحم مط       |
| The S                  | 90th day after t                                   | he record is f                           | iled.             | t not an enec         | tive time, at      | 12.01 a.III. OII I                               | ine earlier o     |
|                        |  |  |                   |                       |                    |  |                   |
| hote                   | 11/22/1-   | 7  |                   |                       |                    |  |                   |
| cu _                   | 111-7-1  |  | <u> </u>          | ·                     |                    |  |                   |
|                        |  | A  | 000               |                       |                    |  |                   |
|                        |  |  |                   |                       |                    |  |                   |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00