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

|                      | on of Corp                                |   |   |   |  |
|----------------------|---|---|---|---|--|
| D<br>SUBJECT:        | IVINE LEIS                                | SURE & ACTIVITY CENTER                          | R, LLC  |   |  |
| 300JECT              | . <u>-</u>                                | Name of Limit                                   | led Liability Company   |   |  |
| The enclosed A       | Articles of A                             | mendment and fee(s) are subn                    | nitted for filing.  |   |  |
| Please return a      | ll correspon                              | dence concerning this matter t                  | o the following:  |   |  |
|                      |   | Jessica Portalatin                              |   |   |  |
|                      |   | PORTALATIN LAW FIRM                             | Name of Person<br>1, PLLC   |   |  |
|                      | Firm/Company 8950 SW 74 Court, Suite 2201 |   |   |   |  |
|                      |   | Miami, FL 33156                                 | Address   |   |  |
|                      |   | jessica@contractlawmiam                         | City/State and Zip Code<br>i.com                                    |   |  |
|                      |   | E-mail address: (t                              | o be used for future annual report notific                          | ation)  |  |
| For further inf      | ormation co                               | ncerning this matter, please ca                 | ll:   |   |  |
| Jessica Porta        | alatin                                    |   | 305 384-7874  |   |  |
|                      | Name of                                   | Person  | Area Code Daytime   | Telephone Number  |  |
| Enclosed is a        | theck for the                             | e following amount:                             |   |   |  |
| <b>■ \$25.00</b> Fil | ing Fee                                   | □ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 LEISURE & ACTIVITY CENTER, LLC  |   |
|--|---|
| ( <u>Name of the Limited Liability Company as it</u><br>(A Florida Limited Liability   | now appears on our records.)<br>Company)                |
| The Articles of Organization for this Limited Liability Company were f   | iled on 12/05/2017 and assigned                         |
| Florida document number  |   |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limited liability co  | mpany here:   |
| The new name must be distinguishable and contain the words "Limited Liability Com  | · · · · · · · · · · · · · · · · · · ·                   |
| Enter new principal offices address, if applicable:  | NEC ALL   |
| Principal office address MUST BE A STREET ADDRESS)   | AR & T  |
|  | AR SS   |
|  | E G   |
| Enter new mailing address, if applicable:  |   |
| Mailing address MAY BE A POST OFFICE BOX)  | REGE SE   |
|  |   |
| B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here: | ddress on our records, <u>enter the name of the nev</u> |
| Name of New Registered Agent:  |   |
| New Registered Office Address:   | Euter Florida street address                            |
|  |   |
|  | Florida Zin 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

| <u>Title</u> | <u>Name</u>  | Address             | Type of Action                 |
|--------------|--------------|---------------------|--------------------------------|
| MGR          | EUNICE FOMBU | 5355 WEST 7TH COURT |                                |
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| D. If amending any other information, enter change(s) here: (Attach addition   | aa sneers, y necessary.)             |
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| E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or mo  Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records. |                                      |
| If the record specifies a delayed effective date, but not an effective ti<br>(b) The 90th day after the record is filed.   | me, at 12:01 a.m. on the earlier of: |
| Dated 2019   |                                      |
| $\emptyset$  |                                      |
| Signature of a member propulation representative   | of a member                          |
| EMILENES DOMINGUEZ (Member)  |                                      |

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Typed or printed name of signee

Filing Fee: \$25.00