

18000084847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

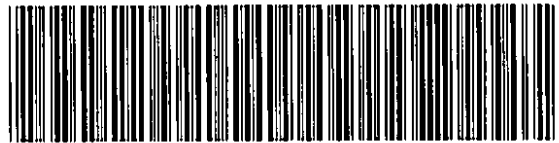
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

D BRUCE
AUG 10 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMOR ENTERPRISE LLC

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:

JANELLE TAYLOR

Name of Person

AMOR ENTERPRISE LLC

Firm/Company

315 BUMBY AVE

8550 Fort Thomas Way

Address

ORLANDO FLORIDA 32803

Orlando FL 32822

City/State and Zip Code

DIMREALTORS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

changed.
7/24/2018
JTS

For further information concerning this matter, please call:

JANELLE TAYLOR

407

978-7414

at ()

Name of Person

Area Code

Daytime 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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AMOR ENTERPRISE 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 APRIL 04, 2018 and assigned
Florida document number L18000084847.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DIVINE INVESTMENTS AND MANAGEMENT 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)

8550 FORT THOMAS WAY

ORLANDO FLORIDA 32822

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8550 FORT THOMAS WAY

ORLANDO FLORIDA 32822

**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:

3158 PLAZA TERRACE DRIVE

Enter Florida street address

ORLANDO

City

Florida 32803

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

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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>	<u>Type of Action</u>
MGR	MICHELLE WASHINGTON	7401 MARBELLA POINTE DR	<input checked="" type="checkbox"/> Add
		UNIT 201	<input type="checkbox"/> Remove
		ORLANDO FLORIDA 32822	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRET
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 08-14-2001 BY 60322 UCBAW

2010 AUG -3 PM 2:42

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E. Effective date, if other than the date of filing: JULY 19 2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated _____, _____

Janell Taylor
Signature of a member or authorized agent

Signature of a member or authorized representative of a member

JANELLE TAYLOR

Typed or printed name of signee