

L18 000136764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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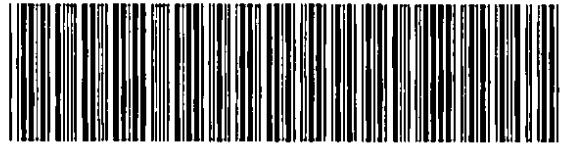
(Business Entity Name)

(Document Number)

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2020 MAR 13 AM 11:51
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S&S DIVINE CARE 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:

SABINE & JUNIOR JULES

Name of Person

S&J DIVINE CARE LLC

Firm/Company

971 SW 83RD AVE

Address

NORTH LAUDERDALE FL 33068

City/State and Zip Code

sabinejules411@gmail.com

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

For further information concerning this matter, please call:

SABINE JULES

954 899-7527

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED
2020 MAR 13 AM 11:51
SUNSHINE
CLERK OF CIRCUIT COURT
JULIA A. HARRIS

S&S DIVINE CARE 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 6/1/2018 and assigned
Florida document number L18000136764.

This amendment is submitted to amend the following:

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

S&J DIVINE CARE 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:

971 SW 83RD AVE

(Principal office address MUST BE A STREET ADDRESS)

NORTH LAUDERDALE FL 33068

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:

SABINE JULES

New Registered Office Address:

971 SW 83RD AVE

Enter Florida street address

NORTH LAUDERDALE

City

Florida 33068

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

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	SABINE JULES	971 SW 83RD AVE	<input checked="" type="checkbox"/> Add
		NORTH LAUDERDALE FL 33068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUNIOR JULES	971 SW 83RD AVE	<input checked="" type="checkbox"/> Add
		NORTH LAUDERDALE FL 33068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHANIKA PAUL	971 SW 83RD AVE	<input type="checkbox"/> Add
		NORTH LAUDERDALE FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00