## L18000144581

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(City	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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SECRE TARY OF STATE
DIVISION OF CORPORATIONS

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N COOPER JUL 25 2018 TO:

Fax: (366) 931-3352

Registration Section

## **COVER LETTER**

Ta;

sion of Cor	porations						
Divine Pav	ving LLC						
SUBJECT: Name of Limited Liability Company							
Articles of	Amendment and fee(s) are sub-	mitted for filing.					
all correspo	ondence concerning this matter	to the following:					
	Kristen B Hobbs						
		Name of Person					
	MB Accounting & Tax Se	ervices Inc.					
Firm/Company							
	PO Box 1229						
		Address					
	Thonotosassa, FL 33592	2					
		City/State and Zip Code					
	· <del>-</del>	o he used for future annual report notifi	cation)				
formation c		·					
	onoching the matter, product of						
	at ()						
Name o	f Person	Area Code Daytime	Telephone Number				
check for th	ne following amount:						
ling 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)				
	Articles of all corresponding to the second	Articles of Amendment and fee(s) are subsall correspondence concerning this matter  Kristen B Hobbs  MB Accounting & Tax Se  PO Box 1229  Thonotosassa, FL 33592  mbtaxlady@aot.com  E-mail address: (to formation concerning this matter, please can be compared to the following amount:  Check for the following amount:  Ching Fee  \$30.00 Filing Fee &	Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  Kristen B Hobbs  Name of Person  MB Accounting & Tax Services Inc.  Firm/Company  PO Box 1229  Address  Thonotosassa, FL 33592  City/State and Zip Code  mbtaxlady@aot.com  E-mail address: (to be used for future annual report notification concerning this matter, please call:  Area Code  Daytime  check for the following amount:  ling Fee \$\Bigsim \$30.00 Filing Fee & Certificate of Status  Certified Copy				

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

To:

**OF** 

Divine Paving LLC			
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on o Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 06/12/20	018 :	and assigned
Florida document number L18000144581			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designa	tion "LLC" or the abbrevia	ition "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	E.S.S)		<b>8</b> √SEC
			┢ <del>॓</del>
			<b>80</b> 50 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:			RRQC
(Mailing address MAY BE A POST OFFICE BOX)	·		9: [8
·			OH:
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		records, enter the	name of the
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	eet address	
		Planida	
	City	, Florida 2y	) Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a	and agree to act in this capac	rity. I further agree to	comply with
provisions of all statutes relative to the proper and co	•		

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.

II Changing Registered Agent, Signature of New Registered Agent

From: Mary Blazevich

Fax: (356) 931-3352

To:

Fax (904) 721-7606

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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>		Address	Type of Action		
MGR Joseph B Croughin		8406 New Kings Rd Lot 12			
		Jacksonville, FL 32219	☐ Remove		
			☐ Change		
			Add		
			□ Remove		
		<del></del>	□ Change		
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ii amending	g a'ny other in	formation, e	nter change(s)	here: (Attach	additional s	heets, if neces	sary.)		
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			.lune '	12, 2018					
an effective o	te, if other th late is listed, the	date must be spec	of filing:eific and cannot be	prior to date of fil	ling or more tha	(optior n 90 days after fi	iling.) Pursuar	nt to 6	05.020
			es not meet the a ent of State's rec		лу filing requ	itements, this c	late will not	t be li	sted a
	specifies a d day after tl		ctive date, bu filed.	t not an effe	ctive time,	at 12:01 a.i	m, on the	ear	lier
Dated	7		2018						
	/	$\sim$							
1		(-11/	0V / -						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00