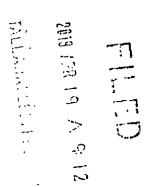
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(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations	.	
SUBJECT: DIVINE 24hr TI	RUCK BEFATR nited Liability Company	
The enclosed Articles of Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence concerning this matter	to the following:	
JRAIC D	Name of Person Of he food TRinck Telegraphy Firm/Company	- 219 /E
39562 R	Address FIA. 32352 City/State and Zip Code	19 A 9 12
Frois Walladdress: ((to be used for future annual report notification)	
For further information concerning this matter, please ca	all:	
TRATE WILLTAMS Name of Person	at (R50) SOR-S213 Area Code Daytime Telephone Numb	<u>е</u> г
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	Filing Fee, cate of Status & cd Copy at copy is enclosed)
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS:	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVINE 24 hr TRUC	K REPG	on our records			
(Name of the Limited Liability Comp: (A Florida Limited	Liability Company)	d dur recorus.			
The Articles of Organization for this Limited Liability Company	y were filed on $\underline{\mathcal{Q}}$	11 11	a	nd assigr	ned
Florida document number <u>L</u> 18000 <u>213599</u>	/				
This amendment is submitted to amend the following:					
_					
A. If amending name, enter the new name of the limited liab	bility company her	<u>e</u> :	<u>-</u> *	~>	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the des	ignation "LLC" or t	he abbrevia	ion "L.L.C	<u> </u>
	,		3.5	ند: ند:	, 1,744 Mari
Enter new principal offices address, if applicable:			· · ·		 -1
(Principal office address MUST BE A STREET ADDRESS)		<u></u>	***		
		****	· ·	-6	<u>مر. ب</u>
Enter non-moding address if applicables				<u>ب</u> د:	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>er</u>	iter the i	name of	the new
New Pagistared Office Address					
New Registered Office Address:	Enter Florid	la street address			
		, Florid	a		
	City		Ziţ	Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>				
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of n provided for in Cl	ny duties, and I napter 605, F.S.	am famili Or, if thi	ar with a s docum	and

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>	Name	Address	Type of Action
A <u>MBR</u>	JEFFERY L. GHENT	207 Sunday CT, TAll Ahosse PLA. 32305	<u>e</u> □ Add
			Remove
			Change
			🗆 Add
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing ote: If the date inserted in this block does not meet the applicable statutory becument's effective date on the Department of State's records.	or more than 90 days aft	t ional) er filing.) Pursu nis date will n	iant to 605.020 ot be listed a
e record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ve time, at 12:01	a.m. on th	ne earlier d
ated APRILIGHT 2019 Signature of a member or authorized represent			

Page 3 of 3

Filing Fee: \$25.00