

8/5/22, 3:34 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L19000139716

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(((H22000265427 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : THORPE'S CONSULTING SYSTEMS, INC.
Account Number : I20050000069
Phone : (407)352-8514
Fax Number : (407)540-9620

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: tonyeacaa@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DIVINE FAMILY SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 AUG -9 PM 1:29

FILED
2022 AUG -9 PM 2:40
STATE
OF
FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 10 2022
T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVINE FAMILY SOLUTIONS, 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 05-24-2019 and assigned Florida document number L19000139716.

This amendment is submitted to amend the following:

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

FAMILY SOLUTIONS OF CENTRAL FLORIDA, 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)

5029 CITY STREET

APT. 1825

ORLANDO, FL 32839

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5029 CITY STREET

APT. 1825

ORLANDO, FL 32839

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:

THORPE'S CONSULTING SYSTEMS, INC

New Registered Office Address:

7345 WEST SAND LAKE ROAD SUIT 306

Enter Florida street address

ORLANDO

Florida 32819

City

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.

Lysander Thorpe

If Changing Registered Agent, Signature of New Registered Agent

FILED
2022 AUG -9 PM 4:00
CLERK OF COURT
JANET L. HARRIS

H220002654273

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>
AMBR	TONYA L GIBSON	1500 LAMPLIGHTER WAY	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32818	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KIASHAN J LOCKLEY	5831 NW 4TH ST	<input checked="" type="checkbox"/> Add
		OCALA, FL 34482	<input type="checkbox"/> Remove
			<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"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (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.

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.

Dated 08/04/2022 _____

tonya gibson

Signature of a member or authorized representative of a member

TONYA L GIBSON

Typed or printed name of signee

Filing Fee: \$25.00