119000au7547

(Reques	stor's Name)		
(Addres	s)		
(Addres	s)		
(City/St	ate/Zip/Phone #)	
PICK-UP	WAIT	MAIL	
(Busine	ss Entity Name)	
(Document Number)			
Certified Copies	Certificates o	f Status	
Special Instructions to Filin	g Officer:		

Office Use Only





600392774826

08/29/22--01028--007 **25.00

HASION OF CONFONATION

ČOVER LETTER

TO: Registration Section
SUBJECT: Divine Lawn + Landscaping (CC) 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:
Gerlin Rosa Campos
Divine Laun + Lands caping LCC
1576 S. Magnolia ST
Fells Mare Fr 32948 City/State and Zip Code
Gerlin rossa (a) Cymail: (am E-mail address: (to be used for future annual eport notification)
en en la tre de la companya de la co
Ger further information concerning this matter, please earl: Color Color
Enclosed is a check for the following amount:
S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

Divine Lawn + Landscaping LC

(Name of the Limited Liability Company as it now appears on our records.)

(A Flor	ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L19000 267</u>	Company were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	156 S. Magnolia ST Feils Mere Fr 32948
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	zerlin Rosa Campos
New Registered Office Address:	Enter Florida ST Enter Florida diver address Florida 329 48 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.

T 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
AMBR		_64 Sonrise Sq Apt 10 Fellsmere Fr 3294	
		Tellishere Je Serg	()_ ERemove □Change
AMBR	Marco T. Pinto Es	pana 64 Sonrise Sg Apt.	-
1	, , ,	pana 64 Sonrise Sg Apt. Fellsmere F2 32948	□Remove
			□Change
			Add
			29 SE
			— □Remove
			□Change
			□Add
			□Remove
			□Change □Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee