

L19 000 300526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

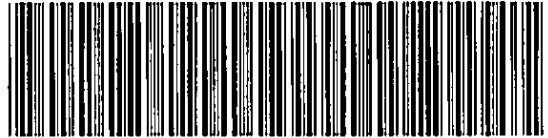
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2020 JUN 29 PM 1:36

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Amend
Name Chg

JUN 29 2020
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIVINE INSURANCE AGENCY 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:

BELKIS M GARCIA
Name of Person
BMG DIVINE INSURANCE AGENCY LLC
Firm/Company
9710 STIRLING ROAD STE 108
Address
COOPER CITY FL 33024
City/State and Zip Code
bmgdivineinsuranc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BELKIS M GARCIA at (786) 399-7011
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2020

BELKIS GARCIA
2500 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020

SUBJECT: DIVINE INSURANCE AGENCY LLC
Ref. Number: L19000300526

We have received your document for DIVINE INSURANCE AGENCY LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 120A00012335

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

FILED
2020 JUN 29 PM 1:36
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

DIVINE INSURANCE AGENCY 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 12/10/2019 and assigned Florida document number L19000300526.

This amendment is submitted to amend the following:

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

BMG DIVINE INSURANCE AGENCY 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:

9710 STIRLING ROAD STE 108

(Principal office address MUST BE A STREET ADDRESS)

COOPER CITY FL 33024

Enter new mailing address, if applicable:

9710 STIRLING ROAD STE 108

(Mailing address MAY BE A POST OFFICE BOX)

COOPER CITY FL 33024

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida**

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.

If Changing Registered Agent, Signature of New Registered Agent

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

Multiple horizontal lines for amending information.

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 JUNE 02 2020

Signature of a member or authorized representative of a member

BELKIS GARCIA

Typed or printed name of signee