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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

DIVINE PROSPERITY HOLDINGS, LLC. SUBJECT: 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: Tessa E. Bovd Name of Person Divine Prosperity Holdings Firm/Company 1267 Countrymen Court Address Apopka, FL 32703 City/State and Zip Code tessa@eliscei.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 844-8101 Tessa E. Boyd Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Divine Prosperity Holdings, LLC		7007
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	AND JUL 3
The Articles of Organization for this Limited Liability Compa	ny were filed on March 19, 2020	Corand assigned T
Florida document number L20000085857		
This amendment is submitted to amend the following:		<b>で</b>
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		-
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, enter th	e name of the new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	City	Zip Code
New Designard Agent's Signature if changing Pegistered Age	ent.	

New Registered Agent's Signature, it 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 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	Tessa E. Boyd	1267 Countrymen Court Apopka, Fl. 32703	■Add
			□ Remove
			□ Change
		<del></del>	□ Add
			□ Remove
			□Change
			□ Add
			□Remove
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		<del></del>	□ Change
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			Change
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			□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: May (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 \_\_\_ 2020 Signature of a member or authorized representative of a member Tessa E. Boyd

. . . .

Filing Fee: \$25.00

Typed or printed name of signee