# L20000190717

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
ertified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



500352851425

10/15/20--61015--613 \*\*88.88

2623 DEC 17 PM 2: 07





November 18, 2020

MONIQUE M RICHARDSON 6946 TEMPLE PALMS AVE APT 104 TAMPA, FL 33617

SUBJECT: DEVINE HANDS LLC Ref. Number: L20000190717

We have received your document for DEVINE HANDS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We did not receive the complete document. Page 1 missing.

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.

Letter Number: 420A00023280

Yasemin Y Sulker Regulatory Specialist III

## . COVER LETTER

Registration Section Division of Corporations

JECT: Devine Hands LLC
Name of Limited Liability Company
enclosed Articles of Amendment and fee(s) are submitted for filing.
se return all correspondence concerning this matter to the following:
Monique Pichardson Name of Person
Devine Hands LLC Finn/Company
6946 Temple Palms Ave # 104
Tampa, FL 33617 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
further information concerning this matter, please call:
JONIQUE Pichardson at 613 756 -9434  Name of Person Daytime Telephone Number
losed is a check for the following amount:
\$25.00 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (additional copy is enclosed)  \$55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate 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 OF

is amendment is submitted to amend the follow	1 ving:	
If amending name, enter the new name of t		e:
		<b>-</b>
new name must be distinguishable and contain the wor	ds "Limited Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicat	ole:	
incipal office address MUST BE A STREET	ADDRESS)	
	<del>-</del>	
ter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE B	<u> </u>	
		7. B
		100
If amending the registered agent and/or reg		ords, enter the name of the new regi
ent and/or the new registered office address	<u>here</u> :	7
N. CN. B. S. LA		<u>∵</u>
Name of New Registered Agent:		<u>~</u>
New Registered Office Address:		- 07
	Enter Florid	a street address
		, Florida
w Registered Agent's Signature, if changing Re	Ciţy	Zip Code
	gistered Agent:	

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>	<u>Name</u>	Address	Type of Action
MGR	Hester Freeman	745 S. Kingstanic Cir. Brandon, FL 33511	(X/Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
	<del></del>		□ Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
<del></del> -			□Add
			□Remove
			□Change

	· <del></del>
	<del></del>
	· · · · · · · · · · · · · · · · · · ·
(If an ef Note:	ive date, if other than the date of filing:
he reco ord is f	rd 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 led.
Dated	12/11/2020
`	Signature of a member or authorized representative of a member
	Monique Richardson