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## **COVER LETTER**

TO: Registration Se Division of Cor		•	t.
Devine Que	een LLC		
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sheila Baptiste		
		Name of Person	<del></del>
	Divine Queen Financial Se	rvices LLC	
		Firm/Company	<del></del>
	12918 Fieldmoor Court		
		Address	
	Riverview FL 33579		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	<del></del>
	divineqcreditrepair@gmail.		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	11:	
Sheila Baptiste		813 966-3976 at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Devine Queen LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/1/2020	and assigned
lorida document number 1.20000310370		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
Divine Queen Financial Services LLC		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:	12918 Fieldmoor Court	
(Principal office address MUST BE A STREET ADDRESS) Riverview, Florida 33579		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the nam	e of the new registe
New Registered Office Address:	Enter Florida street address	<del>- 8 .</del>
	. Florida	P
	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 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
			□Add
			□Remove
			□ Change
			🗀 Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			Remove
			□ Change
			🗀 Add
			□Remove
			Change
	<u></u>		□Add
			□Remove
			□ Chanue

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Effective date, if other than the date of filing:  (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.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  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 red is filed.  Dated  Output  Signature of Intempler or authorized representative of a member			
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•	Sheila Baptiste		

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Filing Fee: \$25.00