

L21000017061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

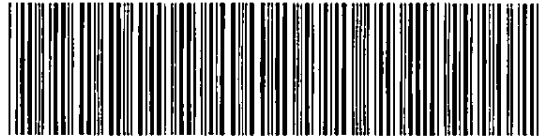
(Business Entity Name)

(Document Number)

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TOLSON

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R. HUNT

07/05/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Diana Gonzales 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:

Diana Gonzales

Name of Person

Diana Gonzales LLC

Firm/Company

182 Biltmore Ave NE

Address

Palm Bay, FL 32907

City/State and Zip Code

Diana@DivineREP.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diana Gonzales

321

345-0948

at (_____) _____

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

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

Diana Gonzales 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 January 5, 2021 and assigned
Florida document number L21000017061.

This amendment is submitted to amend the following:

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

Divine Real Estate Professionals 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:

182 Biltmore Ave NE

(Principal office address MUST BE A STREET ADDRESS)

Palm Bay, FL 32907

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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.)*

Please remove FEI/EIN Number 86-1279548

[illegible]

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 29 2023

Diana Arzul
Signature of a member or authorized

Signature of a member or authorized representative of a member

Diana Gonzales

Typed or printed name of signee

STATE OF FLORIDA
COUNTY OF BREVARD

The undersigned DIANA GONZALES, being first duly sworn, do hereby state under oath and under penalty of perjury that the following facts are true:

I am over the age of 18 and am a resident of the State of Florida.

I am the Managing Member for DIANA GONZALES LLC Document Number L21000017061 and DIVINE REAL ESTATE PROFESSIONALS LLC Document Number L23000351300 whose.


I am requesting that the following changes to be made to the name:

DIANA GONZALES LLC Document Number L21000017061 name should now be DIVINE REAL ESTATE PROFESSIONALS LLC.

DIVINE REAL ESTATE PROFESSIONALS LLC Document Number L23000351300 name should now be DIANA GONZALES LLC.

I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

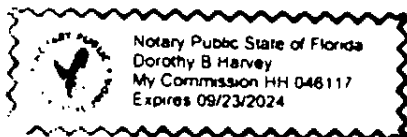
Executed this 9th day of September, 2023

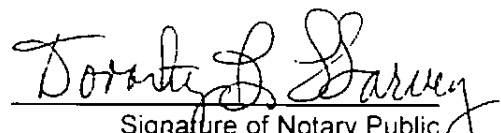


DIANA GONZALES

STATE OF FLORIDA
COUNTY OF Brevard

Sworn to (or affirmed) and subscribed before me this 9th day of 2023, by Diana Gonzales





Signature of Notary Public
Print, Type/Stamp Name of Notary

Personally known: ✓
OR Produced Identification: ✓
Type of Identification Produced: Driver License