

h22000308968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

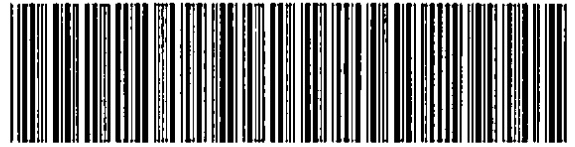
(Business Entity Name)

(Document Number)

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2022 AUG -1 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FL

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Divine SENSATION 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:

NILDIA Y. MARTINEZ  
Name of Person

Firm/Company

2265 NW 89 Street  
Address

MIAMI, FL 33147  
City/State and Zip Code

mariamartinez13240717@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NILDIA Y. MARTINEZ at 305, 303 6742  
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

FILED

2022 AUG -1 PM 2:39

DIVING SENSATION LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on July 11, 2022 and assigned  
Florida document number L22000308968

This amendment is submitted to amend the following:

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

DIVING SENSATION 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:

(Principal office address MUST BE A STREET ADDRESS)

2265 NW 89 Street  
MIAMI FL 33147

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:

NILDIA Y. MARTINEZ

New Registered Office Address:

2265 NW 89 STREET

Enter Florida street address

MIAMI

City

, Florida

33147

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.*

Nildia Martinez

If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I JUST WANT TO REMOVE the (MS)  
THAT IS CLOSE TO MY NAME  
ON the ARTICLE III AND ALSO  
IS ON ARTICLE IV the (MS)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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

7/28/2022

Nildia Martinez  
Signature of a member or authorized representative of a member

NILDIA U. MARTINEZ  
Typed or printed name of signer



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## Detail by Entity Name

Florida Limited Liability Company

**DIVINE SENSATION LLC**

### Filing Information

**Document Number** L22000308968

**FEI/EIN Number** NONE

**Date Filed** 07/11/2022

**Effective Date** 07/11/2022

**State** FL

**Status** ACTIVE

### Principal Address

2265 NW 89 STREET  
MIAMI, FL 33147

### Mailing Address

2265 NW 89 STREET  
MIAMI, FLORIDA 33147

### Registered Agent Name & Address

MARTINEZ, NILDIA Y, MS  
2265 NW 89 STREET  
MIAMI, FL 33147

### Authorized Person(s) Detail

#### **Name & Address**

Title AMBR

MARTINEZ, NILDIA Y, MS  
2265 NW 89 STREET  
MIAMI, FL 33147

### Annual Reports

**No Annual Reports Filed**

### Document Images

07/11/2022 -- Florida Limited Liability

[View image in PDF format](#)

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L22000308968  
FILED 8:00 AM  
July 11, 2022  
Sec. Of State  
hleblanc

**Article I**

The name of the Limited Liability Company is:  
DIVINE SENSATION LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
2265 NW 89 STREET  
MIAMI, FL. 33147

The mailing address of the Limited Liability Company is:  
2265 NW 89 STREET  
MIAMI, FLORIDA, . 33147

**Article III**

The name and Florida street address of the registered agent is:  
NILDIA Y MARTINEZ (MS) → NÜ  
2265 NW 89 STREET  
MIAMI, FL. 33147

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: NILDIA MARTINEZ

### Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
NILDIA Y MARTINEZ  
2265 NW 89 STREET  
MIAMI, FL. 33147

(MS) → NO

L22000308968  
FILED 8:00 AM  
July 11, 2022  
Sec. Of State  
hleblanc

### Article V

The effective date for this Limited Liability Company shall be:

07/11/2022

Signature of member or an authorized representative

Electronic Signature: NILDIA MARTINEZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.