L23000124548

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

Office Use Only



400405519434

03/28/23--01012--019 **30.00

59 H. J. 32 J. 1871.

S. ROBERTS

COVER LETTER

Division of Corp	orations		
SUBJECT: OVVA	e carpet and	1 Duct claiming Company	<u>((</u>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	Richer	L Bauen Name of Person	
	Divine Ca	expet end duc	1- down (LC
	310 H	Imuncl St	
		ut FL 34711 City/State and Zip Code	
	E-mail address (i	w 872 6 dwal to be used for future annual report notifi	cation
For further information co	ncerning this matter, please co	4;1	
Pichaga Name of	Person	at i 352 SIS — Area Code Daytone	6176 Telephone Number
Enciceed is a cheek for the	e following amount:		
\$25.00 Filing Fee	1 \$30 00 Filing Fee & Certificate of Status	El \$55.00 Filling Fee & Certified Copy (adedicted convis 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

TO:

Registration Section

Street Address: Registration Section Division of Corporations

The Centre of Fallahassee 2415 N. Monroe Street, Suite 810

Taliahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited L	acting company)		
The Articles of Organization for this Limited Liability Company	were filed on 3-9-2023 ar	nd assigned	
Florida document number <u>L23600124546</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
Divine Clean carpet and Divine Clean carpet and Divine the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability".	sy Company," the designation "LLC" or the abbreviati	on "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		207	
	·	2)	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX		<u>:</u>	
		:-	
		ω	
3. If amending the registered agent and/or registered office a	ddress on our records, <u>enter the name of th</u>	<u>e new regis</u>	
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street uddress		
	-3		
			
New Registered Agent's Signature, if changing Registered Agent:	City Zap	Code	

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

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>	Name	Address	Type of Action
CFO	Carla Bourn	44 Emertald lang	IZAdd
		Leesburg F1 34748	□Remove
			□Change
			□Add
			□Remove
			□ Add
			□Kemove
			□Change
	BM 999-94.9.		□Add
		- <u>-</u>	Remove
			□Change
		·	🖸 Add
			□ Remove
			□Change
			🗀 Add
			□Remove

7.

_____ □Change

lifan e <u>Note</u>	tive date, if other than the date of filing:
ne rece ord is	and specifies a delayed effective date, but not an effective time, at 42:01 a.m. on the earlier of, (b). The 90th day after the filed
Date	03/23/2023
	V D
	Suprature of a member or authorized coresentation from member
	Signature of a member or authorized representative of a member Richard Dower Typed or printed name of signee

Filing Fee: \$25.00