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7/30/24 KM 2021 JUL 24 AH 10: 08 SHALL REASSEE, FL

COVER LETTER

Division of Corporations
SUBJECT: Divine Cleaning and Care 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:
rease return an correspondence concerning this marce to the following.
Lascisha Williams Name of Person
Divine Cleaning and Care UC
1243 Amaros Ave
Oylando Fl 32.811 City/State and Zip Code
Divine Cleaning Care & Proton Me. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Asa Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Registration Section Division of Cornerations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

14 JUL 24 AH 10: 09

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Divine Clean	ed Liability Compa (A Flooda Limited	Iny as it now appear. Liability Company)	s on our records.)
The Articles of Organization for this Limited Li Florida document number 122000231 66 This amendment is submitted to amend the follows. If amending name, enter the new name of	33	·	·
ere a la l		En Camana " the de	singation "LLC" or the abbreviation "LLC"
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			Englation The to the aboveviation there.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE of the second secon	egistered office	Address on our re	ecords, enter the name of the new registered
Name of New Registered Agent:	NA		
New Registered Office Address:		Enter Flor	ida street address
Now Designated Assets Signature if shanging E		City	, Florida Zip Code
New Registered Agent's Signature, if changing Education I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this in the second property of the second property is a second provided in writing of this in the second property is a second provided prov	d agent and agr er and complete stered agent as registered office change.	ree to act in this of performance of provided for in Conduction address, I hereb	my duties, and I am familiar with and Chapter 605, F.S. Or, if this documen <u>t is</u> ,

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	
mgr	Christopher Reinhardt 430 18th St			
	·	Orlendo, FL 32805	□Remove	
			🗆 Add	
			□Remove	
			□ Change	
		<u> </u>	□Add	
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rentals 097er	z, resider 10wn cai	tial, sex le & har	a offici	e. We Services.	CISO	
		con Aoxil	10 2024	(antia)		
n effective date is li te: If the date in	other than the date of sted, the date must be spe serted in this block do- e date on the Departm	cific and cannot be prices as not meet the appli	cable statutory filing	(option ore than 90 days after for requirements, this	ling.) Pursuant to 605	.020 ed a
ecord specifies a list filed.	delayed effective date,	but not an effective	time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after	r the
ned <u>Juli</u>	J 151	2024	- I alaxa	ul	2024 JU SECI TALL	•
	Signatu	are of a member or aut	norized epresentative	of a member	2024 JUL 24 AM IO: 09 SECT TALL MASSEE FL	
	LUSC	Typed or prii	nel pame of signee		ाज ड एक ठ	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00