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### **COVER LETTER**

SVERICA MULES  Name of Person  at (813) 412-9437  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:	TO: Registration Section : Division of Corporations	
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:  SWEATA NIGUES  Name of Person  Firm/Company  10050 Landpast WAY  Address  Land D WUS EU 3/10/38  City/State and Zip Code  Limit State and Zip Code	SUBJECT. DIVINE REFLECT	tions:
Please return all correspondence concerning this matter to the following:    Shell Mana Nights     Name of Person	30b3EC1	
Please return all correspondence concerning this matter to the following:    Shell Mana Nights     Name of Person		
Shelling Nights  Name of Person  Firm/Company  1000 Landpart Way  Address  Address  City/State and Zip Code  Limbby Hom 340 Egray Com  E-mail address: (to be used for future annual report of diffication)  For further information concerning this matter, please call:  Shelling Name of Person  at (813) 412 - 9437  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:	The enclosed Articles of Amendment and fee(s) are sub	omitted for filing.
Firm/Company    OSS   Landpart Way    Address     Land   D   Laws   FU 34 lo38     City/State and Zip Code     Land   Laws   Laws   Laws   Laws     E-mail address: (to be used for future annual report of fication)     For further information concerning this matter, please call:   Sylving   Laws   Laws   Laws     Sylving   Laws   Laws     Laws   Laws   Laws     Law	Please return all correspondence concerning this matter	to the following:
Firm/Company  10050 Landpast WAY Address  Land D Laws, FL 341638  City/State and Zip Code  Aimely Address: (to be used for future annual report wotification)  For further information concerning this matter, please call:  Shelina walls  Name of Person  at 813  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:	Snea	na Nieves
Address  Address  Address  Address  Address  City/State and Zip Code  AimPlatHicking 360 Egrain can  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Solding May 12 - 9437  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:		Name of Person
Address  Address  Address  Address  Address  City/State and Zip Code  AimPlatHicking 360 Egrain can  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Solding May 12 - 9437  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:		Fi /G
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For further information concerning this matter, please call:  SVERI A MULES  Name of Person  Area Code  Thurst annual report for inture annual rep	10050 Landpa	Rt WAY
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For further information concerning this matter, please call:  SVERI A MULES  Name of Person  Area Code  Thurst annual report for inture annual rep	<u>land o la</u>	City/State and Zip Code
For further information concerning this matter, please call:  SVERI A MULES  Name of Person  Area Code  Thurst annual report for inture annual rep	dinner	aflections 360 Egnay 1. com
SVERICA MULES  Name of Person  at (813) 412-9437  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:	E-mail address: (	(to be used for future annual report notification)
Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:	For further information concerning this matter, please c	call:
	SNEFINA NULS Name of Person	
XS25 00 Filing Fee	Enclosed is a check for the following amount:	
Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status of Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified Copy
Mailing Address:  Registration Section  Street Address:  Registration Section		

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Divine	REFILLTERS IL	
(Name of the Limited (A	Liability Company as it now appears on c Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number <u>L2300031</u>		5, 2023 and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BC)  B. If amending the registered agent and/or reg	istered office address on our record	
agent and/or the new registered office address	<u>here</u> :	10: 01 10: 01
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	reet address
	City	, Florida
N. D. J. J. J. G. J. J. D.	City	247 Cone

### 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

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
amide	Jumarys Perez	1005D landport way	□Add
		Land Ocares, FC 341638	<b>X</b> Remove
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			□Change

# Page 2 of 3

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	<del></del>	
	<del></del>	
	<u> </u>	
(If an e <u>Note:</u>	tive date, if other than the date of filing:	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier oe 90th day after the record is filed.	f:
Dated	July 11 2024.	
	Signature of a member or authorized representative of a member	
	Shering Nieues	

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Typed or printed name of signee

Filing Fee: \$25.00