L23000397325

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SECRETARY OF STATE ALL THE SSEEL FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration So Division of Cor		•		•
		erprises LLC	• •	·•	٠
SUBJE					
.,0.2		Name of Lin	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please i	return all correspo	ondence concerning this matter	to the following:		
		Erik Devine			
			Name of Person	 	
		Devine Enterprises LLC			
			Firm/Company		
		683 Weathered Edge Drive	:		
			Address	 	
		St. Augustine F1, 32092			
		erik5785@gmail.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report notif	fication)	
For furt	her information c	oncerning this matter, please c	all:		
			at ()		
	Name o	d Person	Area Code Daytime	e Telephone Number	
Enclose	d is a check for th	he following amount:			
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing I Certificate of Certified Copy (additional copy)	Status & Y
	Mailing Addres Registration 5		Street Address: Registration Sec	stion	
			registration bet		

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**

Devine Enterprises LLC

23 SEP 21 PH 3- 1F

(Name of the Limit	ted Liability Company (A Florida Limited Lia	as it now appears on bility Company)	our records:); (); () 	MAZM STATE
The Articles of Organization for this Limited L Florida document number 1.23000397325	iability Company w	ere filed on <u>8/25/23</u>	· / / L	MASSEE, FLORIDA and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liabili	ty company here:		
The new name must be distinguishable and contain the v	vords "Limited Liability	Company," the design	nation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:	_ 		
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or ragent and/or the new registered office addre	ss here:	dress on our recor	ds, <u>enter the na</u>	ne of the new registe
Name of New Registered Agent:	Erik Devine	••		
New Registered Office Address:	<u> 485 j</u>	Versteved E Enter Florida s Sive City	Ise DIVC	
	54. Augus	slive	. Florida	32092

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. Thereby 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
AMBR	Erik Devine	683 Weathered Edge Dr. St Augustine FL 32092	<u>L</u> L∕dd
			□Remove
			□ Change
			□Add
			□Remove
			□Change
		□Add	
		□Remove	
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If an effective date Note: If the da	if other than the date of filing:
rd is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	9/21/23 E/2-2.
	Eh-2.
	Signature of a member or authorized representative of a member
	Ex. K Davine Typed or printed name of signee
	Tuned as printed name of cianas

Filing Fee: \$25.00