

L23000518844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

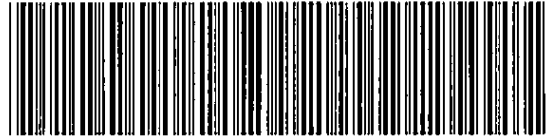
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*Handwritten signature*

## WALLACK LAW FIRM

MICHAEL M. WALLACK  
ATTORNEY

Executive Center Building  
3665 Bee Ridge Road, Suite 312  
Sarasota, FL 34233

Telephone (941) 954-1260  
Fax (941) 296-7437  
Email: [MMW@WallackLawFL.com](mailto:MMW@WallackLawFL.com)

### LETTER OF TRANSMITTAL

December 14, 2023

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Re: Articles of Amendment  
Document Number: L23000518844  
Name of Corporation: Divine Senior Services LLC, a Florida limited liability company

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#### ENCLOSURES:

Wallack Law Firm Operating Account Check #2281 in the amount of: \$25.00 - (Articles of Amendment)  
1. Articles of Amendment: Divine Senior Services LLC, a Florida limited liability company

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The above enclosures are:

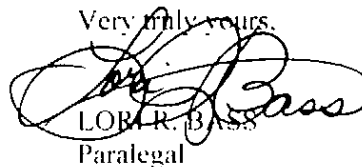
|  |   |
|--|---|
| <input type="checkbox"/> For Your Information            | <input checked="" type="checkbox"/> For Filing        |
| <input type="checkbox"/> For Review and Comment          | <input checked="" type="checkbox"/> For Payment       |
| <input checked="" type="checkbox"/> For Necessary Action | <input type="checkbox"/> For Publication              |
| <input type="checkbox"/> Per Your Request                | <input type="checkbox"/> For Remittance               |
| <input type="checkbox"/> Per Our Conversation            | <input checked="" type="checkbox"/> See Remarks Below |

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REMARKS: Please file the enclosed Articles of Amendment to Articles of Organization of Divine Senior Services LLC, a Florida limited liability company.

Please don't hesitate to contact our office if you have any questions.

Very truly yours,

  
LOR R. BASS  
Paralegal

/lr/b

Encl.: As Stated.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DIVINE SENIOR SERVICES 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:

MICHAEL M. WALLACK, ESQ.

Name of Person

Wallack Law Firm

Firm/Company

3665 Bee Ridge Road, Suite 312

Address

Sarasota

FL

34233

City/State and Zip Code

MMW@WallackLawFL.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL M. WALLACK, ESQ.

Name of Person

at ( 941 ) 954-1260

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**

**DIVINE SENIOR SERVICES LLC**

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

The Articles of Organization for this Limited Liability Company were filed on 11/16/2023 and assigned  
Florida document number L23000518844.

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

N/A

(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:** N/A

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

**Florida**

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:** N/A

*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**

[illegible]

N/A

**Filing Fee: \$25.00**