## L24000028605

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
4085-corp
lle

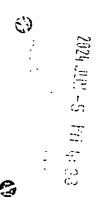
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200427382432

04/16/24--01046--021 \*\*52.50

08/05/24--01035--004 \*\*7.50



3

## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Divine	Treasures Shoppe LLC
DOCUMENT NUMBER: <u>La400</u> (	2098605
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Maryso	Name of Contact Person
	Name of Contact Person
	Firm/ Company
7731 N	JW 15th Ct. Address
fembro	City/ State and Zip Code
	City/ State and Zip Code
divine	gifts 111 @ gmclil. com used for future annual report notification)
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ase call:
Marysol Hernandez	at (786) 300-8719
Name of Contact Person	at ( 786 ) 300-8719  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee  Certified Copy Certificate of Status
	(Additional copy is Certified Copy
	enclosed) (Additional Copy is enclosed)
Mailing Address	Street Address
Mailing Address  Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



April 29, 2024

MARYSOL HERNANDEZ 7731 NW 15TH CT PEMBROKE PINES, FL 33024

SUBJECT: DIVINE TREASURES SHOPPE LLC

Ref. Number: L24000028605

We have received your document for DIVINE TREASURES SHOPPE LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah White Regulatory Specialist III

MAY 2 9 2024

Letter Number: 524A00009245

## COVER LETTER

TO:	Registration Division of C	Section Corporations			
SUBJI	ЕСТ:	Divine	Name of Limite	SUCES Shappe ed Liability Company	LLC
The en	closed Articles	of Amendment and	fee(s) are subm	sitted for filing.	
Please	return all corre	spondence concerni	ng this matter to	the following:	
			Juryson	Hernandez Name of Person	
				Firm/Company	
		773	INW	1,5th Ct. Address	
		_ Per	broke	Pines EC 330 City/State and Zip Code	024
		d	nail address to	fts 111@gmail	· Com
For fur	rther informatio	on concerning this m	atter, please cal	l:	
	Muryso Nan	ne of Person	ndez	at ( <u>786</u> ) <u>300</u> - Area Code Daytime	8719 Telephone Number
Enclos	sed is a check fo	or the following amo	ount:		
□ <b>\$</b> 2	25.00 Filing Fee		ing Fee & e of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)  * Difference of \$7.50 enclosed.
	P.O. Box 6	on Section of Corporations		Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe	etion porations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Divine treasures	Shope UC (3)
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
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:	8403 Pines Blud # 1466
(Principal office address MUST BE A STREET ADDRES.	s) Pembroke pines FL 33024
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8403 Pines Blud #1466 Pembroke pines, A. 33024
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Danistanad America Signature if changing Degistered Ac	ront.

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
N/A			□Add
			□Remove
		□Change	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□ Change
			□Remove
			Change
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
E. Effec	tive date, if other than the date of filing: (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docur	nent's effective date on the Department of State's records.
If the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the fled.
record is f	May 15, 2024.
If the roce	