

L24 0000 S16 41

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

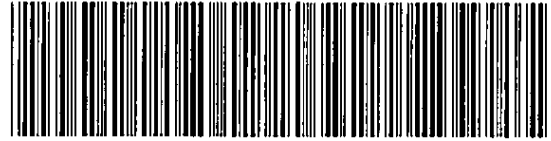
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800423415708

02/09/24--01022--003 \*\*25.00

RECEIVED  
2024 FEB -9 PM 2:16  
SECURITY STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Divine Choice Construction 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:

Malisa Styles  
Name of Person

Divine Choice Construction LLC  
Firm/Company

14614 Catabria Dr  
Address

Fort Myers FL 33905  
City/State and Zip Code

divinechoiceconstruction@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Malisa Styles at (903) 601-0244  
Name of Person 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 210  
Tallahassee, FL 32310

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Divine Choice Construction 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 Jan 29, 2024 and assigned Florida document number L24000051641.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

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

**(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:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*Zip Code*

**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 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>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

AMBR	Jason R. Arbaugh
------	------------------

14614 Cantabria Dr Fort Myers, FL 33905
--

<input checked="" type="checkbox"/> Add
---

<input type="checkbox"/> Remove
---------------------------------

<input checked="" type="checkbox"/> Change
--

AMBR	Malisa Styles
------	---------------

14614 Cantabria Dr Fort Myers, FL 33905
--

<input checked="" type="checkbox"/> Add
---

<input type="checkbox"/> Remove
---------------------------------

<input type="checkbox"/> Change
---------------------------------

<input type="checkbox"/> Add
------------------------------

<input type="checkbox"/> Remove
---------------------------------

<input type="checkbox"/> Change
---------------------------------

<input type="checkbox"/> Add
------------------------------

<input type="checkbox"/> Remove
---------------------------------

<input type="checkbox"/> Change
---------------------------------

<input type="checkbox"/> Add
------------------------------

<input type="checkbox"/> Remove
---------------------------------

<input type="checkbox"/> Change
---------------------------------

<input type="checkbox"/> Add
------------------------------

<input type="checkbox"/> Remove
---------------------------------

2017 FEB - 9 PM 16  
SECRETARY'S OFFICE

2024 FEB -9 PM 2:16  
FORTRAN  
VALLEY

2024 FEB -9 PM 2:16  
SECRET  
VAL

(If an effective 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 605.0207 (3)(b)

If the record 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 record is filed.

Dated Jan 31, 2024

Signature of a member or authorized agent

Signature of a member or authorized representative of a member

Typed or printed name of signer

Typed or printed name of signee