



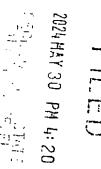
| (R | equestor's Name) | |
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| A) | ddress) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Nam | e) |
| (D | ocument Number) | · · · · · · · · · · · · · · · · · · · |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| то: | Registration S Division of Co | | , | |
|---------------|--------------------------------|---|---|--|
| | Devine Pro | operty Inspections LLC | | ` |
| SUBJE | CT: | Name of Lir | nited Liability Company | |
| | | | | |
| The end | closed Articles of | Amendment and fee(s) are sul | omitted for filing. | |
| Please r | return all correspo | ondence concerning this matter | to the following: | |
| | | Jennifer Hanshew | | |
| | | | Name of Person | |
| | | Devine Property Inspection | ons LLC | |
| | | - | Firm/Company | |
| | | 146 SW Peacock Blvd. U | nit 202 | |
| | | | Address | |
| | | Port St. Lucie, FL 34986 | | |
| | | | City/State and Zip Code | |
| | | DivinePropertyInspections | - | |
| | | | to be used for future annual report no | tification) |
| For furt | her information c | oncerning this matter, please c | all: | |
| Jennife: | r Hanshew | | 360 990-3630 | |
| | Name o | f Person | at () | ne Telephone Number |
| Enclose | d is a check for th | ne following amount: | | |
| ■ \$25 | .00 Filing Fee | S30.00 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 Addres Registration S | | Street Address: Registration So | ection |
| | Division of C | | Division of Co | |
| | P.O. Box 632 | 7 | The Centre of | Tallahassee |
| | Tallahassee, I | 1L 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Devine Property Inspections LLC | | | | |
|--|---|---------------------|---------------|-------------------|
| (<u>Name of the Limited Liabi</u> (A Florid | lity Company as it now appears on our da Limited Liability Company) | records.) | | |
| The Articles of Organization for this Limited Liability | Company were filed on $\frac{02/21/2024}{1}$ | | _ and as | signed |
| Florida document number L24000091003 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | | | |
| Divine Property Inspections LLC | | | | |
| The new name must be distinguishable and contain the words "Lir | mited Liability Company," the designation | "LLC" or the abbrev | riation "L | .L.C." |
| Enter new principal offices address, if applicable: | | | | |
| Principal office address MUST BE A STREET ADD | RESS) | | | |
| | | ·. | 207 | |
| | | :: ! | 2074 HAY | -argung |
| Enter new mailing address, if applicable: | | | <u>≯</u> | 1 <u>1</u> |
| | | 1. | 8 | 1 |
| Mailing address MAY BE A POST OFFICE BOX) | | 7 | _ | 111 |
| | | 10 | <u> </u> | \rightarrow |
| | | 골돌 | ~ | |
| If amending the registered agent and/or registere igent and/or the new registered office address here: | ed office address on our records, <u>c</u> | enter the name of | thone | <u>w register</u> |
| gent and/or the new registered office address here. | | | | |
| | | | | |
| Name of New Registered Agent: | | • | | |
| New Registered Office Address: | | | | |
| | Enter Florida street d | address | | |
| | | _, Florida | | |
| | City | | ip 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 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> | <u>Address</u> | Type of Action |
|--------------|-------------|----------------|----------------|
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Filing Fee: \$25.00