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COVER LETTER

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TO: Registration Section

Division of Corporations
SUBJECT: Divine Glory Business Solutions 16C 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:
Gloria Ann Branda Name of Person
Divine Colory Business Solutions LLC
5717 CR 352
Address
Keystone Heights Fl 32656 City/State and Zip Code divine glory business P. Aroton mail. com Empail address: (to be used for future annual report notification)
Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Roth Delli Santi at (904) 626-9707 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$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 Story	ited Liability Company (A Florida Limited Lia	y as it now appears on ou ability Company)	records.)	<u> </u>		
The Articles of Organization for this Limited I	Liability Company w	vere filed on $_{-}8/i$	4/24	ar	nd assig	med
Florida document number <u>L2400035</u>	6342	- , -	7		TO GEORGE	,
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited liabili	ty company here:				
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation	on "LLC" or th	e abbreviati	on "L.L.	C."
Enter new principal offices address, if applie						
(Principal office address MUST BE A STREE	ET ADDRESS)			<u> </u>	~	
					1024 1024	
					SET	ī,
Enter new mailing address, if applicable:				<u>注:</u> <u>工:.</u>	1	
(Mailing address MAY BE A POST OFFICE	BOX)			ÀS.		
	_			(L)	<u> </u>	 -
				7:E.	<u></u>	
B. If amending the registered agent and/or r agent and/or the new registered office addre	egistered office add ss here:	dress on our records,	enter the na	ame of the	e Hew r	egistered
Name of New Registered Agent:	Gloria An	n Brunda				
New Registered Office Address:	5717 CR	<u>350</u>	···			
	Keystone	352 Enter Florida street Herighta City	, Florida _	3263	56	
New Registered Agent's Signature, if changing F	,	City /		Zip C	ode	
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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
MGR	Gloria Ara Bonch	5717 Canty Road 352	&Add
		5717 Causty Road 352 Keystone Heights F / 32656	□Remove
			□Change
AMER	Ruth M. Dell Sarti	5717 County Road 352	□Add
		5717 County Road 352 Keystone Heights, FT 32656	DRemove
			Change
			🗀 Add
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st 41	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an el	ive date, if other than the date of filing: 8/14/24 (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 605.0207 (3 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he reco ord is f	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 led.
Dated	Signature of a member or authorized representative of a member
	- Biona ann Brancla
	Signature of a member or authorized representative of a member
	- Glaria Ann Boarda

Filing Fee: \$25.00