

N0600000 5881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

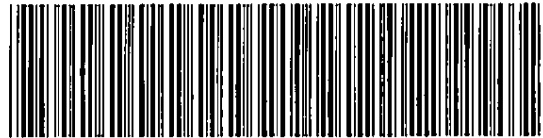
(Document Number)

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Special Instructions to Filing Officer:

Su Kandra
Cooper
gave permission to
check the arrest
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03/09/23--01017--022 **43.75

FILED
2023 JUN 15 AM 10:05
STUDY UNIT
TALLAHASSEE, FLORIDA

06/15/23

N/C & amended.

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2023

SUKANDRA L COOPER
DIVINE FAMILY WORSHIP CENTER
330 W ROBERTSON ST
BRANDON, FL 33511

SUBJECT: DIVINE FAMILY WORSHIP CENTER, INC.
Ref. Number: N06000005881

We have received your document for DIVINE FAMILY WORSHIP CENTER, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Only check 1 box.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 523A00012235

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Divine Family Worship Center, Inc.

DOCUMENT NUMBER: NO6000005881

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sukandra L. Cooper

(Name of Contact Person)

Divine Family Worship Center

(Firm/ Company)

330 W Robertson St

(Address)

Brandon, FL 33511

(City/ State and Zip Code)

divinefwc@brighthouse.com

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

For further information concerning this matter, please call:

Sukandra Cooper

(Name of Contact Person)

at 813

(Area Code)

763-7408

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|---|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

Divine Family Worship Center, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N06000005881

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Divine Family Outreach Ministries Inc.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

2024 Heritage Crest Dr

(Principal office address MUST BE A STREET ADDRESS)

Valrico, FL 33594

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 1048

Valrico, FL 33595

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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2023 JUN 15 AM 10:05
TALLAHASSEE, FL
SECRETARY OF STATE

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>X</u> Change ___ Add ___ Remove	<u>V</u>	<u>Sukandra L. Cooper</u>	<u>2024 Heritage Crest Dr</u> <u>Valrico, FL 33594</u>
2) ___ Change ___ Add ___ Remove	_____	_____	_____ _____ _____
3) ___ Change ___ Add ___ Remove	_____	_____	_____ _____ _____
4) ___ Change ___ Add ___ Remove	_____	_____	_____ _____ _____
5) ___ Change ___ Add ___ Remove	_____	_____	_____ _____ _____
6) ___ Change ___ Add ___ Remove	_____	_____	_____ _____ _____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

The Officers of the organization are as follows: President, Vice President, Administrative Assistant, Treasurer, Marketing M.

The officers will serve as the board of directors and handle all operations for the organization.

All projects, event, purchases or any major issues will be brought before the board in the form of a recommendation for appr

All changes will be made by the Presient or Vice President's recommendation and processed by them. Members of the board deemed necessary.

DFOM Inc will support all communities in various areas of need, especially those that are non-profit,
faith-based, and 501C3 established by hosting and/or assisting in sponsored workshops or events of targeted
individuals or areas of need in inner-cities and at risk communities through empowerment, education,
evangelism, health and wellness.

The date of each amendment(s) adoption: 02-13-2023, if other than the
date this document was signed.

Effective date if applicable: 02-13-2023
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)
was/were sufficient for approval.

- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 02-13-2023

Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Sukandra L. Cooper

(Typed or printed name of person signing)

Vice President

(Title of person signing)